DSW, Inc.

Closure and Post-Closure Plans

(40 CFR Sec. 122.25(a)(13), 264.111 - 264.120, 264.78, 264.197
264.258, 122.25(a)(14), 122.25(a)(15), 264.142)

This section outlines the steps which the subject DSW, Inc. storage facility will follow in a closure situation in order to comply with applicable sections as outlined in the Resource Conservation and Recovery Act.

Because this facility functions as only an accumulation and transfer point for containerized spent solvents destined for recycling partial closure is not relevant. Because the accumulation and transfer of materials which may be classified as hazardous wastes is but a small portion of the total business at this facility, and due to the fact that this activity is the sole reason for DSW, Inc. being involved in the requirements of this legislation, there exist no partial closure situations. This facility, as it pertains to hazardous waste management activities, is either active or totally inactive as a storage facility. For this reason, partial closure will not be addressed.

It should be further noted that because of the nature of the activity at this facility, that accumulation and temporary storage of spent solvents in drums until economic truckloads can be shipped to a recycling facility, a post-closure plan will not be required because materials are being continually removed from this facility; in a closure situation, all materials would be removed in a similar fashion as practiced in routine day-to-day business.

DSW, Inc. will maintain a copy of this closure plan at the facility. The Company is aware that should this facility contemplate

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SEPT. 22, 1986

closure of the site, the EPA, Regional Administrator, and the comparable state agency must be notified at least 180 days prior to the date that the Company closes the facility.

DSW, Inc. will continue to operate business at this facility as long as it is deemed economically viable by the Company, and so long as its operation is otherwise permitted by applicable law. The Company is thus, at this time, unable to specify anticipated date of closure.

The Company is aware that upon completion of closure, it shall be required to submit to the Regional EPA Administrator and the comparable state agency a certification by both DSW, Inc. and an independent registered professional engineer that the facility has been closed in accordance with the outlined proceedings contained in the approved closure plan.

Procedures developed by DSW, Inc. for managing waste materials are designed to ensure the facility's compliance with applicable laws, and to eliminate any necessity for further maintenance or control to prevent threats to human health or the environment. As outlined in the section entitled "Secondary Containment System Design and Operation", any evidence of unintentional leakage and subsequent containment will be sampled and analyzed to determine the specific contaminant and degree of clean up necessary. All contaminated materials will be removed and disposed of at a permitted disposal facility. The containment area shall be regraded to the original design in the event of surface material removal. The container(s) which indicate release of material shall be found, segregated, and handled in the proper manner to alleviate further release of material in accordance with Company procedures. The incident shall be reported and documented as appropriate based upon severity

and circumstances.

Due to the nature of DSW, Inc. involvement in hazardous waste management, it becomes extremely difficult to be specific on the maximum quantities and types of material which would be on hand in a closure situation.

Factors such as economic conditions, seasonal trends, and market growth will impact a particular generator's rate of use of materials, and thus affect the amount of materials shipped to this location for temporary storage and eventual recycling.

In no case, will this facility store more than 110 55 gallon drums at any one time. In the majority of cases, the maximum number of containers held at any one time will be below this quantity. Under the typical mode of operation at this facility, when a full truckload quantity of material is accumulated (typically 70 - 80 drums), it will be shipped to a recycling center. The reason for the higher maximum quantity is to facilitate peaks in shipments of spent materials from generators, scheduling requirements, etc.

In the event that DSW, Inc. made an assessment that it were to initiate closing of this site as a hazardous waste storage facility, we are aware of the required 180 day notice period required by the EPA. In the event that closure of this facility were to be undertaken, notices would be sent to present generators employing our services to inform them of our pending discontinuation of receiving their waste materials. All materials shall be removed from the site within 90 days of receipt of the final volume of

waste and total closure activities will be completed with 180 days as required as a maximum.

Once formal approval of the planned closure procedures are received from the agency, the anticipated total time required to schedule trucks into the facility, load up all drummed material, and clean (if required) the containment area is a maximum of ten days. Although all inventory in storage at the time of closure would be presumed to be material destined for recycling, for computations of this closure plan we are assuming the inventory at closure will need to be disposed of. If, in fact, the waste inventory is capable of being recycled, such a mode of operation would be undertaken and the refined material could be sold through another of DSW, Inc. distribution branches. Based upon this type of dealing with the materials on hand at the time of closure, the cost of closure would be greatly reduced because of the economic value realized from the sale of the refined material. Regardless, we have taken a "worst case" posture in calculating the cost of closure by assuming disposal.

DSW, Inc. does not foresee nor anticipate the need for requesting any extensions for closure time for this facility.

Because this facility functions strictly as a storage facility, with no treatment or disposal at this location, decontamination activities would not be anticipated to be necessary.

If for some unforeseeable reason it were discovered that decontamination were necessary, this would be accomplished simultaneously with other closure preparation so that shipment of decontamination material could be shipped along

with the other inventory for disposal. For purposes of this closure calculation, we are assuming a worst possible situation in calculating decontamination necessity. Decontamination would be accomplished by utilizing a pressurized steam cleaning unit.

All waste and waste containers will be disposed of through McKesson Envirosystems.* As mentioned earlier, we would fully anticipate all waste items in storage at closure to be capable of being recycled, but for purposes of this calculation we are assuming that materials would be transferred to McKesson Envirosystems.* No pretreatment would be required before material were readied for shipment. Prior to loading, all drums would be inspected for leakage, damage, and proper labelling. Proper manifest forms will be completed for the movement.

None of the equipment utilized at this facility would be required to be disposed of due to its utilization in waste management. At most, a simple rinse-off utilizing the pressurized steam cleaning equipment would be necessary of the forklift.

It should be noted that DSW, Inc. at this location, does not have tanks which are utilized for the management of waste materials and thus, shall not be required to provide details of closure for such.

DSW, Inc. likewise does not have waste piles present at this location and thus, is not required to provide details of closure.

This closure plan and cost estimate will be kept on file at the DSW, Inc. facility. It shall be revised and resubmitted whenever a change in the closure plan affects the cost of closure. It shall be reviewed and adjusted annually to reflect changes in closure cost brought about by inflation, utilizing published index's available.

* or another permitted facility

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SEPT. 22, 1986

Because DSW, Inc. at this location functions only as a hazardous waste storage facility, notation is not necessary in the deed to inform potential purchasers of restrictions.

Following is a formal Closure Plan and calculations showing how the closure cost for the facility was calculated. Although this latter figure is valid, it may be construed as being unrealistically low - but even an increase by an order of magnitude (10X) would be adequately covered by DSW, Inc. financial assurance.

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SEPT. 22, 1986

CLOSURE PLAN

Facility I.D. Number OHD071107791

Owner or Operator: DSW, Inc.

Address: 26601 Richmond Road

Bedford Heights, OH

Telephone: (216) 292-7500

DSW, Inc.'s major business is that of nationwide distribution of organic and inorganic chemicals. It also provides various services to it's customers, which may include picking up and transporting drummed materials of wastes to central recycling facilities. This may, at times, require temporary storage at our facility of some drummed materials in order to accumulate full truckloads.

1. Facility Conditions

A. General Information:

The facility size at this location is 20,500 sq. ft. of which only a small portion (e.g., loading docks) is used for handling of waste products which are accumulated from outside generators, and are destined for recycling once full truckloads are acquired. Waste storage is accumulated in the area outside the building, designated on the Layout Diagram. All unloading area floors are of impervious concrete. The designated storage area is made of impervious concrete. Total area utilized for waste storage is approximately 10 feet by 30 feet.

Fifty-five (55) gallon drums are the only storage method used. Drums are placed on wooden pallets (four (4) per pallet) and set within the containment area on the same pallet to minimize handling and potential spills.

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SEPT. 22, 1986

The types of waste stored at this facility fall mainly into the following categories:

E.P.A. WASTE NO.	DESCRIPTION
F001	Spent halogenated solvents used in degreasing.
F002	Spent halogenated solvents.
F003	Spent non-halogenated solvents.
F004	Spent non-halogenated solvents.
F005	Spent non-halogenated solvents.

It should be noted that this facility only accumulated these items from outside generators for storage until a truckload quantity can be built up to make it economically feasible to ship to a Recycling facility. None of the above mentioned items are generated as a waste on-site.

B. Maximum amount of waste inventory is 120 (55) gallon drums (6600 gallons).

C. Equipment:

1. Forklift
2. Pallets

D. Closure Schedule:

1. Removal of Inventory - Total time to schedule trucks into facility, load drummed material, and clean (if necessary), and remove containment area is anticipated at a maximum of five (5) days.

   Because this facility functions strictly as a storage facility with no transferring or treatment at the location, decontamination activities would not be anticipated to be necessary.

If for some unforeseeable reason it were discovered that decontamination was necessary, this would be accomplished simultaneously with other closure preparation so that shipment of decontaminated material could be shipped with inventory for recycling.

2. Removal Of Inventory:

All waste and waste containers will be sent to McKesson Envirosystems* (formerly Inland Chemical). We fully anticipate all materials in inventory at this facility to be capable of being recycled.

No pretreatment would be required before materials were readied for shipment. No treatment or disposal will occur at our location. Prior to loading, all drums are inspected for leakage, damage, and proper labeling. Proper manifest forms will be completed for the movement.

3. Facility Decontamination:

A. The floor of the diked containment area will be steam cleaned using water and the resulting residual placed in a 55 gallon drum for disposal.

B. Amount of waste generated from decontaminant, if required, would not exceed one (1) 55 gallon drum.

C. All wooden pallets used with waste storage would be shipped at the same time as inventory to be landfilled, if they were found to be unfit for further usage.

* or another permitted facility

REVISED
SEPT. 22, 1988

DSW, Inc.

Closure and Post-Closure Plans

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* or another permitted facility

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DSW, Inc.

Closure Cost Estimate

Bedford Heights Branch

I. Basic Disposal Charge

110 drums at $65.00	$7,150.00

II. Warehouse Labor (Loading)

Hourly rate including fringe benefits - 3 hours required.	$33.98

III. Transportation

To McKesson Envirosystems, New Castle, Kentucky 321 miles @ $1.50/mile — two loads.	$963.00

IV. Equipment Cost

Forklift at $4.50/hour	$13.50

V. Decontamination Cost

Secondary Containment Area Cleaning 2 hours @ $30.00/hour	$60.00	
Disposal of Cleanup residue 2 drums @ $65.00	$130.00	
Disposal of Pallets	$100.00	
Laboratory Services	$100.00	
		$390.00

VI. Contingencies at 20% of Subtotal of $8550.48	$1710.10
VII. Engineer Certification	$300.00
Total Cost of Closure	$10,560.58*

*Revised closure cost as of June 27, 1986: $12,565

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SEPT. 22, 1986

DSW, INC.
1600 NORTON BUILDING
SEATTLE, WASHINGTON 98104
TELEPHONE (206) 447-5909

THE FINANCIAL ASSURANCE MECHANISM FOR CLOSURE AND LIABILITY REQUIREMENTS WILL BE SUBMITTED SEPARATELY.

DSW, Inc.

Other Federal Laws

(40 CFR Sec. 122.25(a)(20), 122.12)

Information will be provided in accordance with the requirements of 40 CFR 122.25(a)(20) at the request of the Environmental Protection Agency Regional office. At this time, we believe this facility is in compliance with the following Federal laws:

Wild and Scenic Rivers Act

National Historic Preservation Act of 1966

Endangered Species Act

Coastal Zone Management Act

Fish and Wildlife Coordination Act

DSW, Inc.

Secondary Containment System Design and Operation

(40 CFR Sec. 122.25(b)(1))

All 55 gallon steel containers which will be utilized to store off-site generators' waste materials at a DSW, Inc. storage facility will be held pending reshipment in a designated secondary containment area.

The active outside storage area of the facility as shown in the Part A plot plan (revised from the original version submitted to Region V dated November 18, 1980) consists of a concrete paved area approximately 45,000 square feet in size to the West and North of the warehouse. The yard area is concrete at least six inches thick.

The waste storage containment area is planned to be a bermed rectangle 9 inches high, 10 feet by 30 feet. It will be located at right angles to the warehouse wall, about 15 feet from the ramp — providing forklift access from the warehouse to the yard. The base of the bermed area is of concrete with a compressive strength of at least 3000 psi. The 9 inch berm is also concrete. The heaviest drum of waste material to be handled at this facility would not exceed 700 pounds; maximum load on the concrete surface would be four such drums stacked two-high. The rectangular design of the containment area permits a double row of six pallets each. A permanent layer of pallets will be placed inside the rectangle. Enough space is available on both long sides of the rectangle (30 feet) so that pallets of drums of waste material can easily be placed onto or taken off the permanent pallet layer over the berm by conventional forklift maneuvering. This arrangement of containers also facilitates inspection of individual drums for any leakage. The concrete base and its junction with the berm or integral and no leakage outside the containment area can occur.

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SEPT. 22, 1986

This secondary containment area can contain 1683 gallons of waste liquid at capacity calculated as follows:

30 feet X 10 feet X 9 inches = 225 cubic feet

1 cubic foot = 7.48 gallons

225 cubic feet X 7.48 = 1683 gallons

The anticipated maximum number of 55 gallon drums of material to be stored within the 10 foot by 30 foot storage areas at any one time is 110. Given a minimum outage in a given drum of 1 gallon, at the maximum anticipated storage quantity of drums, a total of 5940 gallons of material would be present. Utilizing the required 10% containment ratio of the total volume of the maximum number of containers of material stored, the concrete bermed containment area would be required to hold 594 gallons.

The difference between the 1683 and 594 gallon figure (1089 gallons) is considered sufficient to provide for substantial rainfall (or melted snow) in addition to the required allowance for drum leakage. Statistics provided by the Soil Conservation Service of the U.S. Department of Agriculture for this part of Ohio indicate a 100-year, 24-hour rainfall to be no more than 5 inches. This translates in a 300 square foot area to be 125 cubic feet, or 935 gallons. The total of 594 gallons (potential leak) and 935 gallons (100-year incident) is well within the capacity of the projected bermed containment area.

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SEPT. 22, 1986

Should any waste material leakage from drum(s) be present in the containment berm area, a sample will be drawn and taken to a laboratory for analysis if the source of the contamination is not obvious. All released liquid present in the bermed area will be collected and placed into drums by use of a portable pump. Logging and necessary reports as warranted by the nature and severity of any such incident will be made to the appropriate Company personnel and Government agencies.

Since all containers while in storage remain on a double layer of wood pallets, contact of the drums with any accumulated liquid inside the bermed area is impossible.

This facility of DSW, Inc. is compact, and the bermed secondary containment area will be so located that it is under constant scrutiny. Certainly the level of any accumulated precipitation will be checked promptly as such weather conditions occur, recognizing the need to prevent overflow. If the appearance of any such accumulation raises suspicion that it might be contaminated, it will be sampled and tested either at a local testing laboratory or a DSW, Inc. laboratory before it is discharged. The accumulated liquid is to be emptied promptly once any significant level of liquid is reached, recognizing the need to maintain the contained area as empty as possible in case of a spill. An emptying procedure that has proved satisfactory at otherDSW, Inc. locations is to locate a manually-operated valve through the narrow dimension of the bermed rectangle. A sample can be drawn through this outlet and inspected for odor, cloudiness, or an insoluble layer of liquid — all signifying possible contamination — prior to release to the sewer.

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SEPT. 22, 1986

In order to facilitate taking any samples necessary, as well as to insure maximum drainage of the containment area, a sump will be installed in the lowest point within the berm. The branch will have in its possession an appropriate pump, available at all times.

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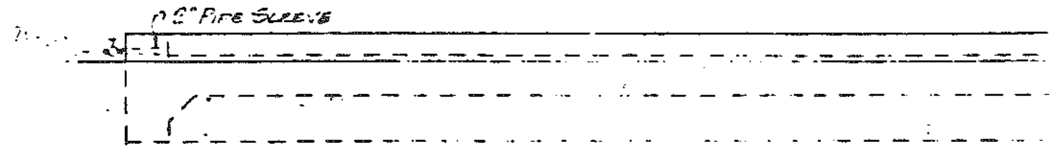
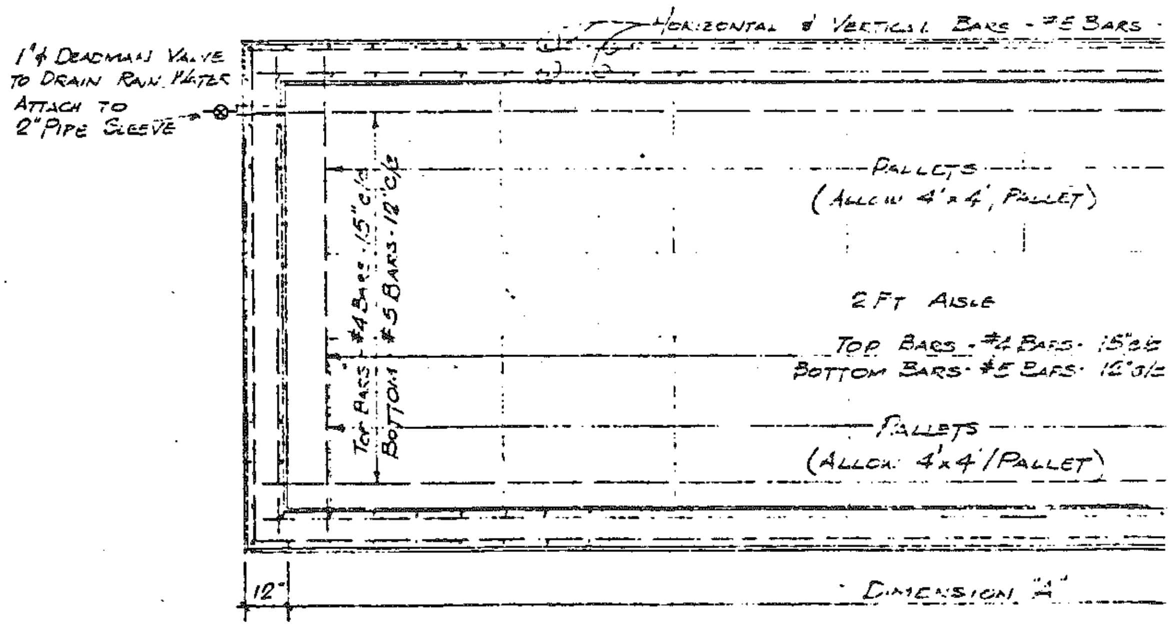
SEPT. 22, 1986

[illegible]	DIMENSIONS [illegible]		
[illegible]	[illegible]	[illegible] "B"	[illegible] "C"
4 ([illegible] Drums)	[illegible]	10'	6"
10 ([illegible] Drums)	20'	10'	[illegible]
5 (40 Drums)	20'	5	6"
7 (56 Drums)	30'	5	6"

GENERAL NOTES:
1. [illegible]
2. Use [illegible] PSI [illegible], 60 [illegible]
3. Minimum [illegible] 1/2" [illegible] Cover

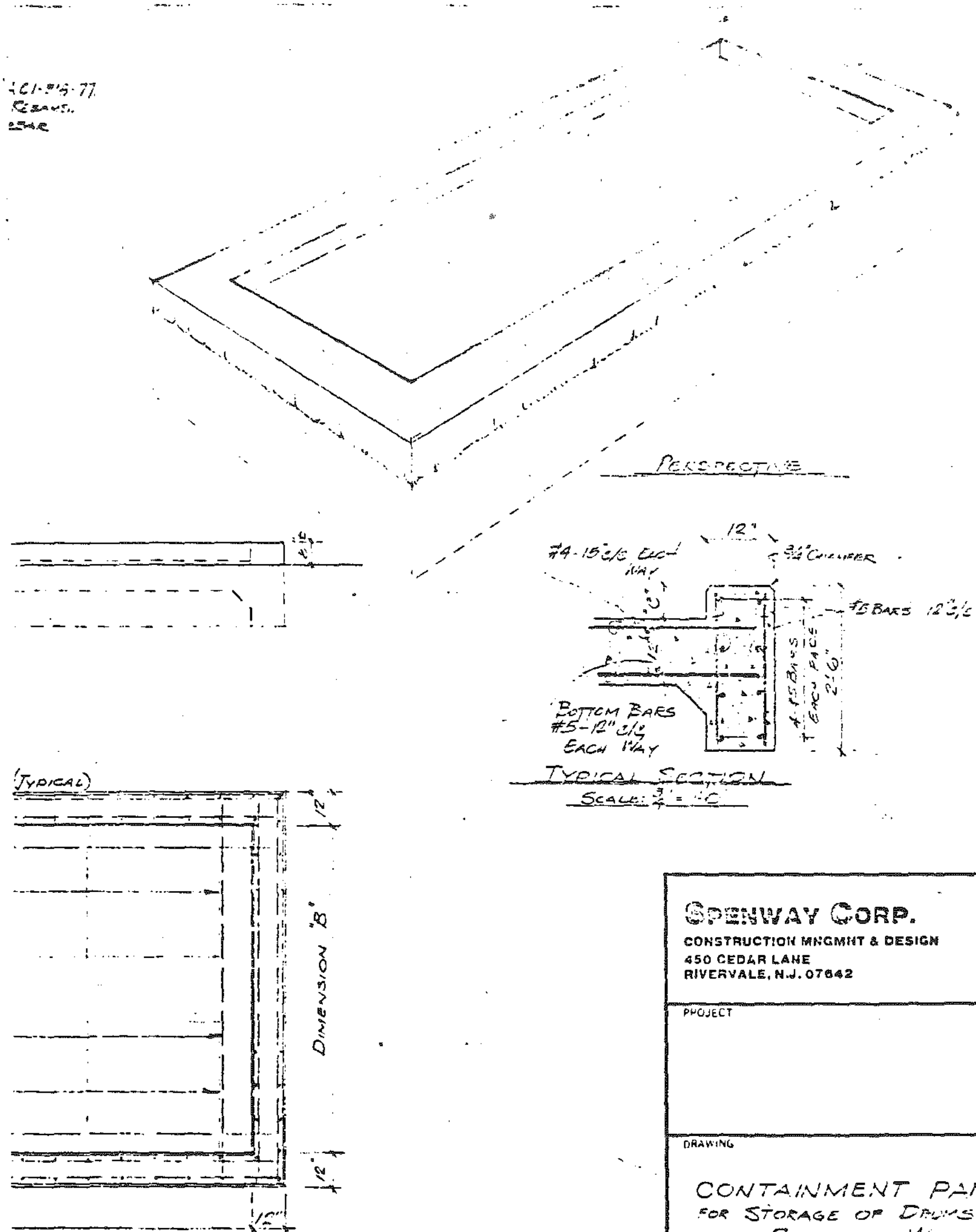


ELEVATION



PLAN

4 - 55 Gal. Drums / Pallet
2 Pallets High



SPENWAY CORP.
CONSTRUCTION MNGMNT & DESIGN
450 CEDAR LANE
RIVERVALE, N.J. 07642

PROJECT

DRAWING

CONTAINMENT PAN FOR STORAGE OF DRUMS WITH CHEMICAL WASTE

FRANK E. PANNONE
PROFESSIONAL ENGINEER
Cresskill, New Jersey 07626

ENGINEERING LICENSES

DRAWN BY F.E.P.

CHKD BY

DATE

SCALE

JOB NO

DRAWING NO. CW-2

CONTINGENCY PLAN

TABLE OF CONTENTS

REVISED
SEPT. 22, 1986

TABLE OF CONTENTS (CONT'D)

I. OBJECTIVES

THIS VOLUME HAS TWO MAJOR PURPOSES:

A. TO PROVIDE INFORMATION AND TO ASSIGN RESPONSIBILITIES TO ENABLE BRANCH PERSONNEL TO UNDERTAKE ACTIONS THAT WILL MINIMIZE ANY THREAT TO THE FACILITY EMPLOYEES, RESIDENTIAL AND BUSINESS NEIGHBORS, COMPANY AND ADJOINING PROPERTY, AND TO THE ENVIRONMENT. THE PLAN IS DESIGNED TO PROVIDE A TOTAL FACILITY RESPONSE PROGRAM APPLICABLE TO ANY EMERGENCY; IN ADDITION, RESPONSES REQUIRED IN THE EVENT OF A SPECIFIC TYPE OF EMERGENCY - FIRE, CHEMICAL SPILL, ETC. - ARE SPELLED OUT.

B. TO PROVIDE A MEANS OF KEEPING IN ONE PLACE, READILY ACCESSIBLE, THE EVER-INCREASING NUMBER OF AUXILLIARY CONTINGENCY PLANS (FOR EXAMPLE, HAZARDOUS WASTE TRANSPORT, MICHIGAN'S POLLUTION INCIDENT PREVENTION PLAN, PENNSYLVANIA'S PREPAREDNESS PREVENTION, AND CONTINGENCY PLAN, THE USEPA's 40 CFR 264, SUBPART D) REQUIRED BY STATE AND FEDERAL REGULATORY AGENCIES.

THE DATA ARE ORGANIZED SO THAT CHANGES IN PERSONNEL, PROCEDURES, AND REGULATIONS CAN BE EASILY INCORPORATED INTO THE BOOK AS THEY OCCUR, INSURING THAT ALL INFORMATION IS UP-TO-DATE.

ADDITIONAL DETAILS FOR PROCEDURES OUTLINED IN THIS PLAN ARE TO BE FOUND IN TWO OTHER DSW, Inc. DOCUMENTS IN THE POSSESSION OF EACH EASTERN REGION BRANCH:

1. THE CHEMICAL OPERATIONS MANUAL
2. THE SAFETY TRAINING AND MAINTENANCE DOCUMENTATION MANUAL

REVISED
SEPT. 22, 1986

II. DISTRIBUTION

EACH BRANCH WILL RECEIVE AND MAINTAIN A COPY OF THIS PLAN. IT IS TO BE KEPT IN A REASONABLY ACCESSIBLE LOCATION BY THE BRANCH OPERATIONS MANAGER.

COPIES OF THE COMPLETE PLAN ARE TO BE DISTRIBUTED TO ALL EMERGENCY SERVICES REASONABLY EXPECTED TO BE CALLED UPON IN THE EVENT OF AN EMERGENCY INVOLVING THE BRANCH. THESE RECIPIENTS ARE TO ACKNOWLEDGE IN WRITING THEIR RECEIVING A COPY OF THE PLAN AND A COPY OF THE RECEIPT SENT TO THE REGIONAL OPERATIONS DEPARTMENT:

THE LOCAL POLICE DEPARTMENT

THE LOCAL FIRE DEPARTMENT

THE LOCAL HOSPITAL/EMERGENCY ROOM

THE CLOSEST STATE POLICE OFFICE

DEPENDING ON THE LOCALITY, THERE MAY BE OTHER ORGANIZATIONS THAT COULD/WILL RECEIVE A COPY:

RESCUE TEAMS

EMERGENCY AMBULANCE CORPS

IN ADDITION, COPIES OF THE PLAN ARE TO BE DISTRIBUTED WITH A LETTER OF TRANSMITTAL TO:

THE USEPA

THE STATE EPA

THE EASTERN REGION OPERATIONS DEPARTMENT

COPIES OF ALL RECEIPTS AND LETTERS OF TRANSMITTAL ARE TO BE FILED IN THIS SECTION OF THE PLAN

III. THE BRANCH SAFETY ORGANIZATION

RESPONSIBILITY FOR THE BRANCH'S SAFETY PROGRAM LIES WITH THE BRANCH MANAGER.

ALTHOUGH EXACTLY HOW A BRANCH'S PERSONNEL ARE ORGANIZED TO IMPLEMENT THIS PLAN DEPENDS UPON THE BRANCH'S SIZE, THE CHEMICALS IT INVENTORIES, THE EXISTENCE AND EXTENT OF A REPACKING INSTALLATION, AND ITS INVOLVEMENT WITH HAZARDOUS WASTES, IMPLEMENTATION OF THIS PLAN REQUIRES AN EMERGENCY COORDINATOR AND AN ALTERNATE EMERGENCY COORDINATOR.

USUALLY THE BRANCH MANAGER RESERVES FOR HIMSELF ONE OF THESE FUNCTIONS AND DELEGATES THE OTHER. ALTHOUGH THE ALTERNATE COORDINATOR IS SECOND-IN-COMMAND, HE MUST BE FULLY QUALIFIED TO TAKE OVER ALL THE FUNCTIONS OF THE PRIMARY COORDINATOR.

IN ADDITION TO THESE TWO POSITIONS, THE FOLLOWING ASSIGNMENTS MUST BE PROVIDED FOR:

FIRST AID TEAM LEADER
FIRE RESPONSE TEAM LEADER
ASSEMBLY POINT LEADER(S)

RESPECTIVE RESPONSIBILITIES OF THESE FUNCTIONS FOLLOWS.

III. THE BRANCH SAFETY ORGANIZATION

A. BRANCH MANAGER

IT SHALL BE THE RESPONSIBILITY OF THE BRANCH/PLANT MANAGER, WITH THE ASSISTANCE OF THE REGIONAL OPERATIONS STAFF TO IMPLEMENT THIS PROCEDURE.

1. PERSONNEL - HE WILL INSURE THAT:
   A) A BRANCH EMERGENCY COORDINATOR IS DESIGNATED AND THAT THIS INDIVIDUAL CARRIES OUT HIS RESPONSIBILITIES, INCLUDING ASSURANCE THAT HE HAS THE PROPERLY TRAINED PEOPLE AND EQUIPMENT TO IMPLEMENT THIS PROGRAM.
   B) ALL PERSONNEL ASSIGNED TO HIM ARE AWARE OF THEIR RESPONSIBILITIES TOWARDS THIS PROGRAM, INCLUDING THE HAZARDS OF THE PRODUCTS DISTRIBUTED AND THE IMMEDIATE REACTION TO POTENTIAL EMERGENCIES RELATED TO THESE PRODUCTS AND DSW, Inc. BUSINESS.
   C) SELECTED BRANCH PERSONNEL ARE TRAINED IN:
      - FIRST AID
      - AIR PACKS
      - GAS MASKS
      - CHLORINE EMERGENCY KITS (AS DESIGNATED BY THE REGIONAL OPERATIONS & SAFETY MANAGER).
   D) ALL BRANCH PERSONNEL ARE TRAINED IN THE USE OF FIRE EXTINGUISHERS.
   E) ALL PERSONNEL PARTICIPATE IN A SEMIANNUAL TRAINING DRILL.
2. EQUIPMENT - HE WILL INSURE THAT ALL EQUIPMENT IDENTIFIED IN THIS PLAN IS ON HAND, IS IN OPERATING CONDITION AND IS SPECIFICALLY IDENTIFIED AND SET ASIDE FOR USE UPON IMPLEMENTATION OF THIS PROGRAM, AS APPLICABLE.

III. THE BRANCH SAFETY ORGANIZATION

A. BRANCH MANAGER CONT'D.

3. PLAN - HE WILL ENSURE THAT THIS EMERGENCY/CONTINGENCY PROGRAM FOR HIS FACILITY IS COMPLETE AND IS UPDATED QUARTERLY.

4. DOCUMENTATION - HE WILL ENSURE THAT ALL EMPLOYEE TRAINING IS DOCUMENTED, AND THAT DISTRIBUTION OF THIS PLAN TO APPROPRIATE GOVERNMENT AUTHORITIES IS RECEIPTED.

III. THE BRANCH SAFETY ORGANIZATION

B. BRANCH EMERGENCY COORDINATOR

IT SHALL BE THE RESPONSIBILITY OF THE FACILITY EMERGENCY COORDINATOR, WITH THE ASSISTANCE OF THE REGIONAL OPERATIONS STAFF, TO EXECUTE THIS PROCEDURE.

1. PERSONNEL - HE WILL INSURE THAT:

   A) ALL PERSONNEL WORKING AT THE FACILITY (TO INCLUDE TEMPORARY HELP AND CONTRACTORS) ARE AWARE OF THEIR RESPONSIBILITIES TOWARDS THIS PROGRAM, INCLUDING THE HAZARDS OF THE PRODUCTS DISTRIBUTED AND THE IMMEDIATE REACTION TO POTENTIAL EMERGENCIES RELATED TO THESE PRODUCTS AND DSW, Inc. BUSINESS.

   B) SELECTED BRANCH PERSONNEL ARE TRAINED IN:

      - FIRST AID
      - AIR PACKS
      - GAS MASKS
      - CHLORINE EMERGENCY KITS (AS DESIGNATED BY THE REGIONAL OPERATIONS AND SAFETY MANAGER).

   C) ALL BRANCH PERSONNEL ARE TRAINED IN THE USE OF FIRE EXTINGUISHERS.

   D) ALL PERSONNEL PARTICIPATE IN A SEMIANNUAL TRAINING DRILL.

   E) PERSONNEL ARE ASSIGNED TO AND TRAINED TO PERFORM THE POSITIONS SPECIFIED IN THE:

      - FIRE FIGHTING TEAM
      - FIRST AID

   F) PERSONNEL ARE AWARE OF THEIR RESPONSIBILITIES AS OUTLINED IN THE FACILITY EVACUATION PLAN.

   G) ARRANGEMENTS WITH LOCAL AUTHORITIES ARE DOCUMENTED.

   H) APPROPRIATE FEDERAL, STATE, AND LOCAL AGENCIES ARE NOTIFIED AS APPLICABLE.

REVISED
SEPT. 22, 1986

III. THE BRANCH SAFETY ORGANIZATION

B. BRANCH EMERGENCY COORDINATOR CONT'D.

1. PERSONNEL CONT'D.

I) APPROPRIATE CHEMICAL COMPANY OFFICERS ARE NOTIFIED AS APPLICABLE.

J) IN THE EVENT OF IMMINENT OR ACTUAL EMERGENCY, HE MUST EXECUTE THE PROCEDURE TO INCLUDE:

1. NOTIFY ALL CONCERNED OF THE SITUATION TO INCLUDE PLANT PERSONNEL AND NEIGHBORS, AS APPLICABLE. (SEE PHONE NUMBERS IN SECTION IV OF THIS PROGRAM.)
2. ANALYZE THE EMERGENCY SITUATION.
3. TAKE THE APPROPRIATE CORRECTIVE ACTION.
4. SECURE THE EMERGENCY SCENE.
5. CLEAN THE EMERGENCY SCENE.

K) ALL APPLICABLE REPORTS TO COMPANY AND GOVERNMENT AGENCIES ARE FILED AS APPROPRIATE.

2. EQUIPMENT - INSURE ALL EQUIPMENT IDENTIFIED IN THIS PROCEDURE IS ON HAND, IS IN OPERATING CONDITION, AND IS SPECIFICALLY IDENTIFIED AND SET ASIDE FOR USE UPON IMPLEMENTATION OF THIS PROGRAM, AS APPLICABLE. INSURE THAT AN INVENTORY OF THE ABOVE EQUIPMENT IS TAKEN AND THAT THIS INVENTORY IS DOCUMENTED.

3. AUTHORITY - HE HAS THE AUTHORITY TO COMMIT ALL AVAILABLE RESOURCES REQUIRED TO IMPLEMENT THIS PLAN.

III. THE BRANCH SAFETY ORGANIZATION

C. First Aid Team Leader

It shall be the responsibility of the First Aid Team Leader with the assistance of and under the direction of the Branch Emergency Coordinator to insure that all personnel assigned a responsibility in the First Aid Team are familiar with the hazards of the products handled by the branch and that they are aware of the immediate action necessary to counter potential emergencies related to these products.

He will insure that all equipment for use by the First Aid Team is:

1. On hand
2. In operating condition
3. Specifically identified and set aside for use by the First Aid Team

III. THE BRANCH SAFETY ORGANIZATION

D. FIRE RESPONSE TEAM LEADER

IT SHALL BE THE RESPONSIBILITY OF THE FIRE RESPONSE TEAM LEADER, WITH THE ASSISTANCE OF AND UNDER THE DIRECTION OF THE BRANCH EMERGENCY COORDINATOR TO EXECUTE THIS PORTION OF THE PROCEDURE.

1. PERSONNEL -
   - A) SELECT AN ALTERNATE
   - B) SELECT MEMBERS OF THE FIRE FIGHTING TEAM
   - C) INSURE THAT ALL PERSONNEL DESIGNATED A RESPONSIBILITY IN THE FIRE RESPONSE TEAM IS AWARE OF THAT RESPONSIBILITY AND IS TRAINED TO DO IT.
   - D) INSURE THAT ALL PERSONNEL DESIGNATED A RESPONSIBILITY IN THE FIRE RESPONSE TEAM ARE FAMILIAR WITH THE HAZARDS OF THE PRODUCTS DISTRIBUTED AND THAT HE IS AWARE OF THE IMMEDIATE ACTION NECESSARY TO COUNTER POTENTIAL EMERGENCIES RELATED TO THESE PRODUCTS.
   - E) INSURE THAT MEMBERS OF THE FIRE RESPONSE TEAM UNDERSTAND THAT THEY ARE NEITHER TRAINED NOR EQUIPPED TO HANDLE A MAJOR FIRE. THEY MUST KNOW THE LIMIT OF THEIR TRAINING AND EQUIPMENT AND ALWAYS STAY WITHIN THESE LIMITS.
2. EQUIPMENT - INSURE THAT ALL EQUIPMENT IDENTIFIED IN THE PROCEDURE FOR USE BY THE FIRE RESPONSE TEAM IS:
   - A) ON HAND
   - B) IN OPERATING CONDITION
   - C) SPECIFICALLY IDENTIFIED AND SET ASIDE FOR USE BY THE FIRE RESPONSE TEAM, AS APPLICABLE.
3. PLAN - INSURE THAT:
   - A) THE FIRE REACTION PLAN IS COMPLETE AND CURRENT.
   - B) DEFICIENCIES IDENTIFIED IN THE FIRE REACTION TEAM, IN ANY

III. THE BRANCH SAFETY ORGANIZATION

D. FIRE RESPONSE TEAM LEADER CONT'D.

B) CONT'D.

AREA, TO INCLUDE PERSONNEL, EQUIPMENT OR PLANNING, IS BROUGHT TO THE ATTENTION OF THE EMERGENCY REACTION TEAM LEADER IMMEDIATELY.

III. THE BRANCH SAFETY ORGANIZATION

E. ASSEMBLY POINT LEADER(S)

NORMALLY, THERE SHOULD BE AN ASSEMBLY POINT LEADER FOR THE THREE AREAS OF A BRANCH - OFFICE, WAREHOUSE, YARD. IT SHALL BE THEIR RESPONSIBILITY TO:

1. PROCEED DIRECTLY TO THE ASSEMBLY AREA AS PRESCRIBED IN THE EVACUATION PLAN.
2. ACCOUNT FOR ALL PERSONNEL ASSIGNED TO THE AREA AND REPORT ANY ABSENCES TO THE EMERGENCY COORDINATOR.
3. KEEP PERSONNEL IN ASSEMBLY AREA TOGETHER AND CALM.
4. TAKE AN INDUSTRIAL FIRST AID KIT TO THE ASSEMBLY AREA.
5. TURN OFF THE MAIN ELECTRICAL POWER SWITCH IN THE BUILDING.

ASSIGNMENTS

EMERGENCY COORDINATOR:

NAME Ed Welsh

HOME ADDRESS 1298 Vantage Way

Streetsboro, OH 44240

HOME PHONE (216) 626-2514

ALTERNATE EMERGENCY COORDINATOR:

NAME Cliff Moll

HOME ADDRESS 1966 Crestdale Drive

Stow, OH 44224

HOME PHONE (216) 688-0068

FIRST AID LEADER:

NAME

HOME ADDRESS

HOME PHONE

FIRE RESPONSE TEAM LEADER:

NAME Ed Welsh

HOME ADDRESS 1298 Vantage Way

Streetsboro, Ohio 44240

HOME PHONE (216) 626-2514

REVISED
SEPT. 22, 1986

ASSIGNMENTS CONT'D

ASSEMBLY POINT LEADERS:

OFFICE:

NAME _____

HOME ADDRESS _____

_____

HOME PHONE _____

YARD:

NAME John Vansil

HOME ADDRESS 9559 Coit Road

Mantua, OH 44255

HOME PHONE (216) 274-3580

WAREHOUSE:

NAME Ed Welsh

HOME ADDRESS 1298 Vantage Way

Streetsboro, OH 44240

HOME PHONE (216) 626-2514

REVISED
SEPT. 22, 1986

IV. EMERGENCY TELEPHONE NUMBERS

A. WITHIN DSW, Inc.

1. BRANCH MANAGER:

NAME Cliff Moll

ADDRESS 1966 Crestdale Drive

Stow, OH 44224

PHONE - OFFICE (216) 292-7500

HOME (216) 688-0068

2. BRANCH OPERATIONS MANAGER:

NAME Ed Welsh

ADDRESS 1298 Vantage Way

Streetsboro, OH 44240

PHONE - OFFICE (216) 292-7500

HOME (216) 626-2514

3. DISTRICT MANAGER:

NAME R. W. Deiling

ADDRESS 413 West Areba Avenue

Hershey, PA 17033

PHONE - OFFICE (717) 533-5265

HOME (717) 534-1339

4. REGIONAL OPERATIONS/SAFETY MANAGER:

NAME WALTER R. LANDRY

ADDRESS 27 MAYER DRIVE

SUFFERN, NY 10901

PHONE - OFFICE (201) 573-9480

HOME (504) 885-4629

REVISED
SEPT. 22, 1986

IV. EMERGENCY TELEPHONE NUMBERS

A. WITHIN DSW, Inc. (CONT'D)

5. REGIONAL OPERATIONS STAFF:

NAME RONALD W. VON DREAU
ADDRESS RD #1 BOX 134-C
SALISBURY MILLS, NY 12577
PHONE - OFFICE (201) 573-9480
HOME (914) 496-6894

NAME DONALD M. BLACK
ADDRESS 11 HORTON LANE
NEW CANAAN, CT 06840
PHONE - OFFICE (201) 573-9480
HOME (203) 966-8670

NAME AL RODRIGUEZ
ADDRESS 347 HUDSON STREET
CORNWALL-ON-HUDSON, NY 12520
PHONE - OFFICE (201) 573-9480
HOME (914) 534-8488

6. REGIONAL VICE-PRESIDENT:

NAME RONALD R. POWELL
ADDRESS 296 EAST SADDLE RIVER ROAD
UPPER SADDLE RIVER, NJ 07458
PHONE - OFFICE (201) 573-9480
HOME (201) 825-1508

REVISED
SEPT. 22, 1986

IV. EMERGENCY TELEPHONE NUMBERS

A. WITHIN DSW, Inc. (CONT'D)

ONE OF THE DSW, Inc. MANAGERIAL AND STAFF PERSONNEL LISTED BELOW MUST BE CONTACTED IN THE EVENT OF AN EXTREME EMERGENCY IF ONE OF THE REGIONAL PERSONNEL CANNOT BE CONTACTED.

1. HOME OFFICE OPERATIONS:

VICE-PRESIDENT:

NAME Dick A. Davis

PHONE - OFFICE (415) 983-9019

HOME (415) 547-3040

ENGINEERING DIRECTOR:

NAME Carl L. Piercy

ADDRESS

PHONE - OFFICE (415) 983-8492

HOME (415) 284-4251

TECHNICAL DIRECTOR:

NAME Doug L. Eisner

ADDRESS

PHONE - OFFICE (415) 983-9214

HOME (415) 937-7708

REVISED
SEPT. 22, 1988

IV. EMERGENCY TELEPHONE NUMBERS

A. WITHIN DSW, Inc. (CONT'D)

2. OTHER:

VICE-PRESIDENT:

NAME CHARLES THOMPSON

ADDRESS _____

_____

PHONE - OFFICE (415) 983-8300

HOME (415) 376-0884

PRESIDENT:

NAME BARRY B. BLOCKER

ADDRESS _____

_____

PHONE - OFFICE (415) 983-8342

HOME (415) 851-0102

B. LOCAL AUTHORITIES:

1. POLICE: NAME Bedford Heights PHONE: (216) 439-1234
2. FIRE DEPARTMENT: NAME Bedford Heights PHONE: (216) 439-1212
3. AMBULANCE: NAME Bedford Heights PHONE: (216) 439-1212
4. HOSPITAL: NAME Suburban Community PHONE: (216) 491-6112
5. CHEMTREC: 1-800-424-9300

C. REGULATORY AGENCIES:

STATE ENVIRONMENTAL CONTACT:

NAME Steve Tuckerman

PHONE (216) 425-9171

REVISED
SEPT. 22, 1986

IV. EMERGENCY TELEPHONE NUMBERS

C. REGULATORY AGENCIES (CONT'D)

FEDERAL EPA CONTACT:

NAME Kathy Homer

PHONE (312) 886-4023

BRANCH FEDERAL EPA ID NUMBER OHD071107791 (GENERATOR)

D. ADJACENT NEIGHBORS:

NAME Union Paper & Twine PHONE (216) 292-5700

ADDRESS 26401 Richmond Road, Bedford Heights, OH 44146

NAME B & B Wood Products PHONE (216) 292-6555

ADDRESS 26555 Richmond Road, Bedford Heights, OH 44146

NAME Converter Corp. PHONE (216) 464-4244

ADDRESS 26691 Richmond Road, Bedford Heights, OH 44146

NAME Jorgenson Steel PHONE (216) 292-5555

ADDRESS 26400 Richmond Road, Bedford Heights, OH 44146

E. OUTSIDE CONTRACTOR HELP:

LISTED BELOW ARE INDUSTRIAL CLEAN UP COMPANIES IDENTIFIED TO ASSIST IN THE CLEANUP OF A CHEMICAL SPILL:

NAME Erieway Pollution Control PHONE (216) 439-2955

ADDRESS 33 Industry Drive, Bedford, OH 44146

EPA ID NO. _____

NAME _____ PHONE _____

ADDRESS _____

EPA ID NO. _____

IV. EMERGENCY TELEPHONE NUMBERS (CONT'D)

F. TRANSPORTER (OUTSIDE)

LISTED BELOW ARE COMMON CARRIERS THAT CAN BE OF ASSISTANCE IN TRANSPORTING HAZARDOUS MATERIALS/WASTES:

NAME SCHNEIDER TANK LINES PHONE: 1-800-558-5091

ADDRESS: APPLETON, WI

EPA ID NO.: WID023463128

NAME BRANCH MOTOR EXPRESS CO. (EXCEPT OHIO) PHONE: 1-800-221-3863

ADDRESS: NEW YORK, NY (IN NY): 1-800-522-5208

EPA ID NO.: NYD001669803

V. TRAINING

A. ALL EMPLOYEES OF THE BRANCH ARE TO BE FAMILIAR WITH THE CONTENTS OF THIS PLAN. THEY MUST KNOW THE PRIMARY AND SECONDARY EXITS WITHIN THEIR RESPECTIVE WORK AREAS, AS WELL AS THE LOCATION OF FIRE EXTINGUISHERS AND FIRST AID KITS THEY MAY UTILIZE IN CASE OF AN EMERGENCY. THIS TRAINING IS TO BE DOCUMENTED AND REVIEWED AT LEAST ANNUALLY.

RUN-THROUGHS OF THE BRANCH'S EMERGENCY RESPONSE PLAN ARE TO BE CONDUCTED AT LEAST SEMI-ANNUALLY; THESE DRILLS ARE TO BE DOCUMENTED TO INCLUDE A DESCRIPTION OF EACH TEST, ITS RESULTS, AND RECOMMENDATIONS FOR ANY CHANGES AND IMPROVEMENTS. PROCEDURES ARE OUTLINED IN THE REGION'S TAB 6.

B. SPECIFIC BRANCH PERSONNEL ARE TO BE TRAINED IN:

SUBJECT	SAFETY TRAINING MANUAL TAB NO.
A. FIRST AID	17
B. USE OF RESPIRATORS & SELF-CONTAINED BREATHING APPARATUS	33
C. USE OF FIRE EXTINGUISHERS	11

C. ALL BRANCH PERSONNEL WITH "HANDS-ON" CONTACT WITH HAZARDOUS MATERIALS AND HAZARDOUS WASTES ARE TO RECEIVE APPROPRIATE TRAINING BY REGIONAL OPERATIONS PERSONNEL. THIS WILL INCLUDE AT LEAST THE BRANCH OPERATIONS MANAGER AND ALL WAREHOUSEMEN AND DRIVERS. ALL NEW EMPLOYEES ARE TO RECEIVE THIS TRAINING WITHIN SIX WEEKS OF HIRE, AND IT IS TO BE REPEATED/REVIEWED AT LEAST ANNUALLY. A COPY OF THE CONTENTS OF THE TRAINING PROGRAM IS PART OF THE APPENDIX.

ALL EMPLOYEES ARE RECOMMENDED TO ATTEND THESE TRAINING SESSIONS.

VI. EMERGENCY EQUIPMENT

2. TOOLS/MISCELLANEOUS CONT'D.

- ASSORTED BUNGS
- DUCT TAPE
- LEAD WOOL
- STAINLESS STEEL SCREWS (ASSORTED SIZES) WITH RUBBER GASKETS
- SHEET RUBBER AND TEFLON (GASKET MATERIAL)
- BOX WIPING RAGS
- TRANSFER PUMP
- 100" EXTENSION CORD
- BAGS OF SAND AND HYDRATED LIME
- RECOVERY DRUM (65 GALLON)
- 2' - 5' SPADE SHOVELS

B. PALLETIZED -

EQUIPMENT STORED ON A PALLET FOR READY TRANSPORT TO OFF-SITE EMERGENCI MATERIAL IS ALSO AVAILABLE FOR ON-SITE USE, OF COURSE:

- 10 LB. ABC FIRE EXTINGUISHER
- TRIANGLE EMERGENCY MARKERS
- RUBBER GLOVES
- RUBBER APRONS
- RUBBER BOOTS
- HARD HATS WITH FULL FACE SPLASH SHIELD AND CHIN GUARD
- SLICKER SUITS
- PUSH BROOMS
- FLASHLIGHTS AND SPARE BATTERIES
- 100 LB. BAGS OF SAND
- 100 LB. BAGS OF SODA ASH
- PLASTIC LINERS FOR 55 GALLON DRUMS

VI. EMERGENCY EQUIPMENT

THERE ARE THREE BASIC "GROUPINGS" OF EMERGENCY EQUIPMENT TO BE MAINTAINED AT EACH BRANCH:

A. ON SITE -

1. CERTAIN EQUIPMENT IS TO BE STATIONED THROUGHOUT THE BRANCH AT FIXED LOCATIONS:

   - FIRE EXTINGUISHERS
   - FIRST AID KITS
   - RESPIRATORS
   - SHOVELS
   - BROOMS
   - PROTECTIVE CLOTHING
   - SELF-CONTAINED BREATHING APPARATUS ("AIR PACK")

   DEPENDING ON THE BRANCH,

   - CHLORINE KIT A
   - CHLORINE KIT B

   THE EVACUATION ROUTE PLAN IS MOUNTED IN EASY VIEW AND MUST IDENTIFY THE LOCATION OF THE ABOVE.

2. TOOLS/MISCELLANEOUS ARE KEPT IN A SECURE LOCATION (TOOL LOCKER):

   - SCREWDRIVERS
   - HAMMERS
   - CHANNEL LOCK PLIERS
   - NEEDLE-NOSE PLIERS
   - LINOLEUM KNIFE
   - 1/2" CHISEL
   - PIPE WRENCHES (24", 18")
   - CRESCENT WRENCHES (12", 10", 6")
   - BUNG WRENCHES

VI. EMERGENCY EQUIPMENT (CONT'D)

THE LOCATIONS OF THE EMERGENCY EQUIPMENT AT THIS DSW, Inc. BRANCH ARE DEPICTED ON THE FOLLOWING PAGE.

REVISED
SEPT. 22, 1986

VII. EMERGENCY RESPONSE/EVACUATION

IN THE EVENT OF AN EMERGENCY SITUATION, THE INDIVID[illegible] MAKING DISCOVERY OF THE OCCURRENCE IS TO IMMEDIATELY NOTIFY THE EMERGENCY COORDINATOR OR HIS ALTERNATE; IF NEITHER IS AVAILABLE, THE NEXT ALTERNATE LISTED ON THE EMERGENCY PHONE NUMBER LISTING. THE EMERGENCY COORDINATOR, AS DO HIS ALTERNATES, HAVE THE AUTHORITY TO COMMIT COMPANY RESOURCES AND INITIATE REQUESTS FOR ASSISTANCE TO ANY EMERGENCY AGENCY.

THE PHONE NUMBER LISTING AND EMERGENCY PROCEDURES OUTLINED IN THE PLAN ARE POSTED WITHIN THE FACILITY AND ARE KEPT READILY AVAILABLE BY THE LISTED COORDINATOR AND HIS ALTERNATES.

THE DECISION MUST BE MADE BY THE COORDINATOR OR HIS ALTERNATE, WHETHER A SITUATION POSES IMMINENT THREAT TO HUMAN LIFE, HEALTH, OR THE ENVIRONMENT TO SUCH AN EXTENT AS TO REQUIRE EVACUATION OF THE FACILITY OR ONLY A PARTIAL RESPONSE TO THE SITUATION.

SPECIFIC PROCEDURES TO BE FOLLOWED FOR SPECIFIC EMERGENCIES ARE SPELLED OUT IN THE FOLLOWING SECTIONS OF THIS PLAN.

VII. EMERGENCY RESPONSE/EVACUATION

THE FACILITY EVACUATION PROCEDURE IS TO BE IMPL..:NTED BY BRANCH PERSONI WHEN IT BECOMES NECESSARY TO EVACUATE THE FACILITY WITH MINIMUM EXPOSURI TO PERSONNEL INJURY OR DAMAGE TO PROPERTY OR TO THE ENVIRONMENT BECAUSE EMERGENCIES SUCH AS FIRE, CHEMICAL SPILL, TOXIC GAS RELEASE, SEVERE WEATHER, AND BOMB THREATS.

WHENEVER THERE IS AN IMMINENT OR ACTUAL CONTINGENCY SITUATION WITHIN THI BRANCH REQUIRING EVACUATION OF THE PREMISES, THE EMERGENCY COORDINATOR ALTERNATE WHEN EMERGENCY COORDINATOR IS UNAVAILABLE) WILL IMMEDIATELY:

1. NOTIFY THE OCCUPANTS OF THE FACILITY BY SOUNDING THE BRANCH ALARM SYSTEM. ALTERNATE MEANS OF NOTIFICATION WILL BE THE TELEPHONE PAGING SYSTEM OR VOICE COMMUNICATION.
2. INSTITUTE THE BRANCH'S FACILITY EVACUATION PLAN AND CALL INTO ACTION SPECIFIC RESPONSIBLE ASSIGNMENTS.
3. IDENTIFY THE CHARACTER, EXACT SOURCE, AND AMOUNT OF ANY RELEASED MATERIALS. HE WILL DO THIS BY OBSERVATION OR REVIEW OF THE BRANCH'S RECORDS OR MANIFEST. (IN THE DSW, Inc. SYSTEM, ALL CONTAINERS ARE LABELED.)
4. ASSESS POSSIBLE HAZARDS TO HUMAN HEALTH OR THE ENVIRONMENT THAT MAY RESULT FROM RELEASE, FIRE, OR EXPLOSION. THIS ASSESSMENT WILL CONSIDER BOTH DIRECT AND INDIRECT EFFECTS.
5. TAKE ALL POSSIBLE MEASURES NECESSARY TO INSURE THAT FIRES, EXPLOSIONS, OR RELEASES DO NOT SPREAD TO OTHER HAZARDOUS WASTE AT THE BRANCH.

   THESE MEASURES WILL INCLUDE:

   A. STOPPING OPERATIONS
   B. COLLECTING AND CONTAINING RELEASE WASTE
   C. REMOVING OR ISOLATING CONTAINERS

VII. EMERGENCY RESPONSE/EVACUATION

5. CONT'D.

   D. MONITORING FOR LEAKS

   E. MONITORING FOR PRESSURE BUILDUP

   F. MONITORING FOR GAS GENERATION

   G. MONITORING FOR RUPTURES IN VALVES, PIPES, OR OTHER EQUIPMENT.

6. PROVIDE FOR TREATING, STORING, OR DISPOSING OF RECOVERED WASTE, CONTAMINATED SOIL OR SURFACE WATER, OR ANY OTHER MATERIAL THAT RESULTS FROM RELEASE, FIRE, OR EXPLOSION AT THE BRANCH.

7. INSURE THAT IN THE AFFECTED AREAS OF THE BRANCH:

   A. NO WASTE THAT MAY BE INCOMPATIBLE WITH THE RELEASED MATERIAL IS TREATED, STORED, OR DISPOSED OF UNTIL CLEAN UP PROCEDURES ARE COMPLETED.

   B. ALL EMERGENCY EQUIPMENT IS CLEANED AND FIT FOR ITS INTENDED USE BEFORE OPERATIONS ARE RESUMED.

8. AS REQUIRED, ARRANGE FOR NOTIFICATION OF FEDERAL, STATE, AND LOCAL AUTHORITIES THAT THE BRANCH IS IN COMPLIANCE WITH PARAGRAPH (7) BEFORE OPERATIONS ARE RESUMED IN AFFECTED AREAS OF THE BRANCH.

MEANWHILE, ALL PERSONNEL WITH NO SPECIFIC RESPONSIBILITIES WILL LEAVE BY THE NEAREST MARKED EXIT (SEE EVACUATION MAP) AND PROCEED IMMEDIATELY VIA THE SAFEST ROUTE TO THEIR ASSIGNED ASSEMBLY AREA, REPORTING TO THE AREA GROUP LEADER.

ONCE BRANCH PERSONNEL HAVE CLEARED THE FACILITY AND HAVE CONGREGATED IN THEIR ASSIGNED LOCATIONS, THE GROUP LEADER WILL TAKE A HEAD COUNT, MAKING

VII. EMERGENCY RESPONSE/EVACUATION

SURE ALL PERSONNEL ARE ACCOUNTED FOR. HE WILL KEEP THE GROUP TOGETHER AND AWAIT INSTRUCTIONS FROM THE EMERGENCY COORDINATOR.

ONCE THE EMERGENCY HAS CLEARED, HE WILL CONTROL THE RETURN OF HIS GROUP TO THEIR WORK LOCATIONS.

PERSONNEL OPERATING ELECTRICAL EQUIPMENT AT THE TIME OF THE ALARM WILL TURN OFF THE MACHINE - AND UNPLUG IT IF POSSIBLE.

VEHICLE AND LIFT OPERATORS WILL CLEAR THEIR EQUIPMENT FROM ALL AISLES AND EXITS.

FURTHER ACTION WILL DEPEND UPON THE NATURE OF THE EMERGENCY:

- FIRE
- CHEMICAL SPILL
- TOXIC GAS RELEASE
- STORM, FLOOD
- BOMB THREAT

VIII. EMERGENCY - FIRE

THE MOST PROBABLE CAUSE FOR EVACUATION OF THE PREMISES = THIS BRANCH IS FIRE.

IT IS IMPORTANT THAT ALL EMPLOYEES NEVER FORGET THAT FIREFIGHTING REQUIRES PROFESSIONAL ACTION. CALL THE EMERGENCY FIRE NUMBER FOR HELP. HOWEVER, BRANCH PERSONNEL WILL FOLLOW THIS PROCEDURE:

1. ONCE A FIRE SITUATION BREAKS OUT, SUPERVISORY PERSONNEL OR THE BRANCH OFFICE MUST BE ALERTED AND GIVEN THE FOLLOWING INFORMATION:
   - A. NAME OF REPORTING PERSON
   - B. LOCATION OF FIRE
   - C. NECESSITY OF FIRE TRUCK, AMBULANCE, POLICE OR ANY OTHER EMERGENCY VEHICLE OR EQUIPMENT THESE WILL BE CALLED IMMEDIATELY.
   - D. ANY OTHER INFORMATION DEEMED NECESSARY
2. IF IN THE JUDGEMENT OF THE EMERGENCY COORDINATOR THE SITUATION CALLS FOR THE IMPLEMENTATION OF THE FACILITY EVACUATION PLAN, HE WILL NOTIFY IMMEDIATELY THE OCCUPANTS OF THE FACILITY BY FIVE SHORT BLASTS ON THE EMERGENCY WARNING SIGNAL, OR BY THE TELEPHONE SYSTEM, OR BY VOICE COMMUNICATION.
3. UPON NOTIFICATION OF EVACUATION, ALL PERSONNEL WITH NO EMERGENCY RESPONSIBILITIES WILL LEAVE THE PREMISES BY THE NEAREST SAFE EXIT (AS NOTED ON THE EVACUATION MAP) AND REPORT TO HIS ASSEMBLY POINT LEADER. VEHICLE AND FORKLIFT OPERATORS WILL CLEAR THEIR EQUIPMENT FROM AISLES AND EXITS, IF POSSIBLE, AND WILL MAKE SURE ALL ENGINES AND MOTORS ARE TURNED OFF.

VIII. EMERGENCY - FIRE CONT'D.

4. IN THE EVENT OF FIRE, THE EMERGENCY COORDINATOR MUST MAKE AN ASSESSMENT AS TO THE NUMBER OF DIFFERENT POTENTIAL PROBLEMS OR SITUATIONS WHICH MIGHT PRESENT THEMSELVES IN AN EMERGENCY, AND HOW TO DEAL WITH THEM. CONSIDERATION MUST BE GIVEN TO ITEMS SUCH AS:

   - RELEASE OF FUMES AND POSSIBLE NECESSITY FOR NEIGHBOR EVACUATION
   - POTENTIAL MATERIALS WHICH WHEN EXPOSED TO FIRE COULD EXPLODE AND RESULT IN FLYING DEBRIS WHICH COULD SPREAD FIRE TO OFF-SITE AREAS OR PREVIOUSLY UNAFFECTED AREAS AT THE FACILITY
   - EXPLOSIONS WHICH COULD RESULT IN THE RELEASE OF MATERIALS FROM CONTAINERS
   - RESIDUES FROM FIREFIGHTING ACTIVITIES WHICH MAY REQUIRE TO BE CONTAINED AND DEALT WITH IN AN APPROPRIATE MANNER IF DEEMED HAZARDOUS

5. ALL INDIVIDUALS ARE RESPONSIBLE TO FAMILIARIZE THEMSELVES WITH THE CONTENT OF THIS PLAN PLUS THE PRIMARY AND SECONDARY EXITS WITHIN THEIR WORK AREAS, AS WELL AS THE LOCATION OF FIRE EXTINGUISHERS AND FIRST AID KITS THAT MAY BE UTILIZED IN CASE OF AN EMERGENCY. PERSONNEL OPERATING ELECTRICAL EQUIPMENT AT THE TIME THE EVACUATION NOTICE IS GIVEN, WILL BE RESPONSIBLE TO TURN THAT MACHINE OFF AND IF POSSIBLE, UNPLUG IT.

IX. EMERGENCY PLAN - CHEMICALS SPILLS

THE EMERGENCY COORDINATOR MUST MAKE AN ASSESSMENT AND TAKE ACTION WHERE NECESSARY TO ALLEVIATE RISK IN SPILL SITUATIONS. CONSIDERATION MUST BE GIVEN TO THE FOLLOWING POTENTIAL THREATS INVOLVING HAZARDOUS MATERIALS AND HAZARDOUS WASTES:

-- THE POTENTIAL FOR THE RELEASED MATERIAL BEING A FLAMMABLE LIQUID WHICH WOULD POSE A FIRE HAZARD.

-- THE POSSIBILITY OF GROUND CONTAMINATION WHICH WOULD REQUIRE REMOVAL AND PROPER DISPOSAL OF SOIL SHOWING SUCH CONTAMINATION.

-- DEALING WITH SURFACE WATER WHICH MAY BECOME MIXED WITH THE RELEASED MATERIAL.

-- AWARENESS AND GUARDING FOR POTENTIAL IGNITION SOURCES AND DETERMINING WHETHER THE RELEASE OF FUMES COULD POSE A FIRE AND/OR EXPLOSION HAZARD WHICH MIGHT NECESSITATE NEIGHBOR EVACUATION.

IX. EMERGENCY PLAN - CHEMICAL SPILLS

A. PROCEDURE:

1. RESCUE INJURED, REMOVE TO SAFE AREA AND ADMINISTER FIRST AID.
2. IF NECESSARY, IMPLEMENT THE FACILITY EVACUATION PROCEDURE.
3. ACTIVATE THE EMERGENCY REACTION PROCEDURE TO DEAL WITH THE CHEMICAL AS THE SITUATION DICTATES.
4. A. IF THE SPILL IS A LIQUID ACID CORROSIVE, A DIKE OF SODA ASH OR SODIUM BICARBONATE WILL BOTH CONTAIN AND NEUTRALIZE THE LIQUID. IF THE SPILL IS A MAJOR ONE, SAND SHOULD BE USED FOR A DIKING/CONTAINMENT MATERIAL.

   B. IF THE SPILL IS A LIQUID CORROSIVE BASE, (E.G., CAUSTIC SODA, CAUSTIC POTASH, AQUA AMMONIA), A DIKE OF BORIC ACID WILL BOTH CONTAIN AND NEUTRALIZE THE LIQUID. IF THE SPILL IS A MAJOR ONE, SAND SHOULD BE USED FOR A DIKING/CONTAINMENT MATERIAL.

   C. IF THE SPILL IS A NON-CORROSIVE LIQUID (E.G., FLAMMABLES, CHLORINATED SOLVENTS, GLYCOLS), USE SAND OR MUD TO DIKE/CONTAIN THE SPILL AND ABSORB THE MATERIAL.

   D. IF THE SPILL IS A SOLID, CLEAN UP THE SPILL AND PLACE IT IN A CONTAINER.

UNDER NO CIRCUMSTANCES WASH DOWN ANY SPILL WITHOUT FIRST CONFERRING WITH THE REGIONAL OR HOME OFFICE OPERATIONS STAFF.

IX. EMERGENCY PLAN - CHEMICAL SPILLS (CONT'D)

A. PROCEDURE (CONT'D)

5. SOME GENERAL RULES OF HANDLING INDUSTRIAL SPILLS:

   A. KEEP FOUR THINGS IN MIND -- CONTROL, CONTAIN, CLEAN-UP, AND COMMUNICATION.

   B. KEEP SPECTATORS AWAY FROM SPILL.

   C. NO MATTER WHAT THE MATERIAL -- DO NOT ALLOW SMOKING IN THE AREA.

   D. BE ALERT FOR OTHER IGNITION SOURCES.

   E. WHENEVER POSSIBLE, TRANSFORM SMALL LIQUID SPILL INTO A SOLID STATE AND THEN PROCEED AS IF IT WERE A SOLID.

B. NOTIFICATION:

1. NOTIFY MEMBER OF REGIONAL OPERATIONS STAFF IMMEDIATELY.
2. FOR OPERATIONAL ASSISTANCE, IF NO ONE IN REGIONAL OPERATIONS IS AVAILABLE CONTACT MEMBER OF HOME OFFICE OPERATIONS STAFF.
3. IT WILL BE THE RESPONSIBILITY OF THE REGIONAL STAFF TO NOTIFY STATE AND FEDERAL AGENCIES.
4. IT WILL BE THE RESPONSIBILITY OF THE BRANCH/PLANT MANAGEMENT TO NOTIFY LOCAL OFFICIALS AS APPLICABLE.
5. CONTACT COMPANIES PREVIOUSLY IDENTIFIED TO ASSIST WITH SPILL CONTAINMENT, CLEAN-UP, AND DISPOSAL, AS APPLICABLE.

IX. EMERGENCY PLAN - CHEMICAL SPILLS (CONT'D)

C. HAZARDOUS CHEMICALS CLASSIFICATION:

LISTED BELOW IS A GENERAL CLASSIFICATION OF THE HAZARDOUS CHEMICALS THAT WE DISTRIBUTE:

1. OXIDIZERS; FOR EXAMPLE,

AMMONIUM NITRATE	SODIUM NITRATE
CALCIUM HYPOCHLORITE (HTH)	SODIUM NITRITE
POTASSIUM PERMANGANATE	HYDROGEN PEROXIDE

THESE MATERIALS YIELD OXYGEN READILY TO STIMULATE THE BURNING OF COMBUSTIBLE MATERIALS AND FUELS. IF SPILLED, THEY SHOULD BE KEPT FROM COMING INTO CONTACT WITH FLAMMABLE LIQUIDS AND OTHER COMBUSTIBLE MATERIALS.

CHLORATES, PERCHLORATES, NITRATES, AND PEROXIDES CONTAIN LABILE OXYGEN AND WHEN HEATED OR SUBJECTED TO STRONG SHOCKS, CAN DECOMPOSE WITH AN EXPLOSIVE FORCE. IF THESE MATERIALS OR THEIR CONTAINERS ARE INVOLVED IN A FIRE, PERSONNEL SHOULD BE EVACUATED FROM THE SCENE.

2. POISONS

SOME POISONS, SUCH AS THE CYANIDES, ARE EXTREMELY TOXIC AND VERY SMALL QUANTITIES CAN CAUSE IMMEDIATE ILLNESS OR DEATH. EVACUATE PERSONNEL FROM THE IMMEDIATE AREA. IF POSSIBLE, CONFINE SPREAD OR FLOW OF MATERIALS TO THE IMMEDIATE AREA. PERSONNEL CONTACTED BY MATERIAL MUST WASH IMMEDIATELY, REMOVE CONTAMINATED CLOTHING AND OBTAIN IMMEDIATE MEDICAL ATTENTION.

IX. EMERGENCY PLAN - CHEMICAL SPILLS (CONT'D)

C. HAZARDOUS CHEMICALS CLASSIFICATION (CONT'D)

3. CORROSIVES

ACETIC ACID	SULFURIC ACID
CAUSTIC SODA	HYDROCHLORIC ACID (MURIATIC)
CALCIUM HYPOCHLORITE	NITRIC ACID

WHEN CORROSIVE MATERIAL CONTACTS OTHER HAZARDOUS MATERIALS SUCH AS FLAMMABLES, OXIDIZERS, ETC., VIOLENT REACTIONS, FIRE AND ERUPTIONS CAN OCCUR. SPILLS OF THESE MATERIALS MAY LIBERATE LARGE VOLUMES OF FUMES THAT ARE TOXIC AND CAN CAUSE EYE, SKIN, AND RESPIRATORY INJURY. PERSONNEL SHOULD EVACUATE AREA OF FUME CLOUDS AND AVOID CONTACT WITH THE MATERIAL. MOST CORROSIVES WILL GENERATE HEAT WHEN CONTACTED BY WATER AND MAY ERUPT AND VIOLENTLY FUME.

SPILLS SHOULD BE CONFINED IF POSSIBLE, TO PREVENT MIXING WITH OTHER MATERIALS OR CONTAMINATION OF STREAMS AND PROPERTY. PERSONNEL COMING INTO CONTACT WITH THESE MATERIALS SHOULD WASH WITH WATER FOR FIFTEEN MINUTES, IMMEDIATELY REMOVE CONTAMINATED CLOTHING AND SHOES AND OBTAIN MEDICAL ATTENTION.

X. TOXIC GAS RELEASE

A. PROCEDURE:

1. RESCUE INJURED, REMOVE TO A SAFE AREA AND ADMINISTER FIRST AID.
2. IF NECESSARY, IMPLEMENT THE FACILITY EVACUATION PROCEDURE.
3. ACTIVATE THE EMERGENCY REACTION PROCEDURE TO DEAL WITH THE CHEMICAL AS THE SITUATION DICTATES.
4. USING TRAINED PERSONNEL WITH THE PROPER PROTECTIVE EQUIPMENT, STOP THE PRODUCT RELEASE IF POSSIBLE.
5. SOME GENERAL RULES OF HANDLING TOXIC GAS RELEASES:
   - A. KEEP SPECTATORS AWAY FROM RELEASE
   - B. NO MATTER WHAT THE MATERIAL - DO NOT ALLOW SMOKING IN THE AREA

B. NOTIFICATION:

1. NOTIFY REGIONAL/HOME OFFICE OPERATIONS STAFF.
2. IT WILL BE THE RESPONSIBILITY OF THE REGIONAL STAFF TO NOTIFY STATE AND FEDERAL AGENCIES.
3. IT WILL BE THE RESPONSIBILITY OF THE BRANCH/PLANT MANAGMENT TO NOTIFY LOCAL OFFICIALS AS APPLICABLE.
4. CONTACT COMPANIES PREVIOUSLY IDENTIFIED TO ASSIST WITH THE SPILL CONTAINMENT, CLEAN-UP, AND DISPOSAL AS APPLICABLE.

C. TOXIC GAS CLASSIFICATIONS:

LISTED BELOW ARE GENERAL CLASSIFICATIONS OF THE TOXIC GASES THAT WE HANDLE:

1. COMPRESSED GASES - COMPRESSED GASES MAY BE "FLAMMABLE" OR "NON-FLAMMABLE". PERSONNEL SHOULD BE EVACUATED A SAFE DISTANCE FROM THE AREA. AVOID BREATHING GASES.
2. FLAMMABLE GASES -

   HYDROGEN SULFIDE

   PROPYLENE

   PROPANE

X. TOXIC GAS RELEASE

C. TOXIC GAS CLASSIFICATIONS CONT'D.:

2. FLAMMABLE GASES -

THIS MATERIAL USUALLY IGNITES IMMEDIATELY UPON RUPTURE OR SERIOUS LEAK. OTHERWISE, THE GAS CLOUD IS EASILY IGNITED AND WILL RESULT IN RAPID COMBUSTION OF THE ENTIRE CLOUD. FIRES FROM LEAKS IN CONTAINERS THAT CANNOT BE SHUT OFF SHOULD BE ALLOWED TO BURN AND THE CONTAINER KEPT COOL.

3. NON-FLAMMABLE GAS -

ANHYDROUS AMMONIA

CHLORINE

SULPHUR DIOXIDE

THIS MATERIAL CAN CAUSE INJURY OR ASPHYXIATION OF PERSONS ENTERING THE CLOUD. TANKS CONTAINING NON-FLAMMABLE GASES CAN RUPTURE VIOLENTLY WHEN EXPOSED TO INTENSE FIRE CONDITIONS.

XI. STORM, FLOODS

IN THE EVENT OF A SEVERE STORM (E.G., TORNADO), ALL BRANCH PERSONNEL SHOULD TAKE SHELTER IN AN INTERIOR HALLWAY OR ROOM, AWAY FROM WINDOWS. NO ONE SHOULD REMAIN IN THE YARD OR EXPOSED AREA OF THE WAREHOUSE.

IN THE CASE OF FLOODS, OR, MORE LIEKLY, HIGH WATER DUE TO RAIN, THE MAJOR PRECAUTION IS TO SHUT OFF THE MAIN POWER PANEL. INVENTORY MUST BE LOOKED TO AND REPOSITIONED AS NECESSARY TO PROTECT IT. THE PRESENCE OF HAZARDOUS WASTES REQUIRES PARTICULAR ATTENTION, AND MAY REQUIRE TRANSPORTING TO ANOTHER LOCATION IN CONCURRENCE WITH EPA RULES.

IN ANY KIND OF SEVERE WEATHER SITUATIONS, RELY ON A BATTERY-POWERED RADIO FOR WEATHER ADVISORIES.

XII. EMERGENCY PLAN - BOMB THREAT

1. THE THREAT

THE TELEPHONE CALL THREAT. (A HIGH PERCENTAGE OF BOMBINGS ARE PRECEDED BY TELEPHONE CALLS.) IN THE EVENT OF A BOMB PHONE CALL:

A. IF POSSIBLE, SECURE THE FOLLOWING INFORMATION. (USE CHECK LIST ON ATTACHED SHEET.)

DATE AND TIME OF CALL.

ANY BACKGROUND NOISE - MUSIC, PEOPLE TALKING, ETC.

LOCATION OF BOMB AND THE TIME IT IS SET TO GO OFF.

WHAT KIND OF BOMB.

WHAT KIND OF PACKAGE.

JUDGE THE VOICE -- DRUGGED OR DRINKING, AGE, SEX, ETC.

ASK FOR CALLER'S NAME AND ADDRESS (YOU MIGHT GET IT).

B. THESE QUESTIONS WILL DETAIN THE CALLER SO A TRACE CAN BE MADE. TO TRACE A CALL, HAVE ANOTHER EMPLOYEE CALL THE SECURITY OFFICE OF THE TELEPHONE COMPANY ON A DIFFERENT LINE.

C. NOTIFY THE POLICE OF THE THREAT.

D. NOTIFY CORPORATE SECURITY.

2. THE SEARCH TECHNIQUE

DON'T TOUCH, HANDLE, OR MOVE ANY SUSPICIOUS OBJECT.

MAKE A SEARCH FOR SUSPICIOUS PACKAGES, BOXES, OR OBJECTS. HALLS AND TOILETS HEAD THE LIST OF PLACES. MAKE THE SEARCH WHILE WAITING FOR THE POLICE TO ARRIVE. HAVE EACH SUPERVISOR AND LEADMAN RESPONSIBLE

XII. EMERGENCY PLAN - BOMB THREAT (CONT'D).

2. THE SEARCH TECHNIQUE (CONT'D)

FOR CERTAIN AREA. A SYSTEMATIC SEARCH WILL ELIMINATE VALUABLE TIME LOSS, AWAITING POLICE ARRIVAL.

REPORT THE FINDINGS OF ANYTHING SUSPICIOUS TO THE POLICE. IF ANYTHING SUSPICIOUS IS FOUND, SET UP A "DANGER ZONE" AND EVACUATE ALL PERSONNEL FROM THIS ZONE (MINIMUM OF 300 FEET IN ALL DIRECTIONS). REMOVE FLAMMABLE MATERIALS IF PRACTICAL AND POSSIBLE.

BOMB THREAT CHECK LIST

DATE TIME YOUR NAME

LISTEN FOR BACKGROUND NOISES DESCRIBE:

CHECK IF HEARD:

MUSIC _____

PEOPLE TALKING _____

CARS OR TRUCKS _____

AIRPLANE _____

CHILDREN OR BABIES _____

MACHINE NOISE _____

TYPING _____

OTHER _____

ASK:

WHERE IS THE BOMB? _____

WHAT TIME IS IT SET TO GO OFF? _____

WHAT KIND OF BOMB IS IT? _____

WHAT KIND OF PACKAGE OR BOX? _____

WHAT IS YOUR NAME? _____

WHERE DO YOU LIVE? _____

HOW OLD ARE YOU? _____

WHEN DID YOU SET THE BOMB? _____

JUDGE THE VOICE:

MAN_____WOMAN_____CHILD_____AGE_____DRINKING_____OTHER_____

XIII. HAZARDOUS WASTES

ALTHOUGH IT IS RECOGNIZED THAT THE THREAT POSED BY AN EMERGENCY INVOLVING ANY HAZARDOUS WASTES STORED ON THE BRANCH'S PREMISES IS EQUIVALENT CHEMICALLY TO THAT INVOLVING THE VIRGIN VERSION OF THE SAME SOLVENT OR SOLVENT MIXTURE, SOME PROCEDURAL DIFFERENCES APPLY.

IN THE EVENT OF AN EMERGENCY SITUATION INVOLVING HAZARDOUS WASTES, THE EMERGENCY COORDINATOR MUST BE NOTIFIED. HE WILL DETERMINE THE APPROPRIATE MEASURES TO BE IMPLEMENTED (I.E., ALARMS, EVACUATION, ETC.) AND WHICH FEDERAL, STATE, OR LOCAL AGENCIES AS WELL AS FIRE AND POLICE DEPARTMENTS MUST BE CONTACTED.

IN THE EVENT ESPECIALLY OF A RELEASE OR FIRE, THE COORDINATOR MUST TRY TO DETERMINE BY OBSERVATION, FACILITY RECORDS, OR ANALYSIS (IF TIME PERMITS), WHAT IS THE IDENTITY OF THE MATERIAL INVOLVED, EXACT SOURCE, AMOUNT, AND EXTENT OF IMPACT THE RELEASED MATERIAL WILL HAVE FROM A HUMAN AND ENVIRONMENTAL ASPECT.

AN ASSESSMENT OF THE SITUATION MUST BE MADE TO DETERMINE POSSIBLE HAZARDOUS TO HUMAN HEALTH AND/OR THE ENVIRONMENTAL DUE TO THE EMERGENCY SITUATION. THE COORDINATOR MUST LOOK AT ALL POSSIBLE DIRECT AND INDIRECT EFFECTS WHICH MIGHT RESULT FROM THE EMERGENCY. THE COORDINATOR MUST FURTHER DETERMINE WHETHER THE FACILITY PERSONNEL ARE ADEQUATELY EQUIPPED TO DEAL WITH THE SITUATION, OR WHETHER IT IS NECESSARY TO CONTACT OUTSIDE EMERGENCY AGENCIES TO RENDER ASSISTANCE.

THE POTENTIAL INCIDENTS WHICH ARE OF HIGHEST PRIORITY FOR EMERGENCY PLANNING AT THIS FACILITY ARE (1) FIRE AND/OR EXPLOSION, (2) SPILLS OR MATERIAL RELEASES. OTHER NATURAL DISASTERS SUCH AS TORNADOS, EARTHQUAKES, FLOODS, ETC., WOULD BE HANDLED IN SIMILAR RESPONSE

MANNERS AS OUTLINED ELSEWHERE IN THIS CONTINGENCY PLAN AS DEEMED APPROPRIATE BY THE EMERGENCY COORDINATOR.

THE OUTSIDE STORAGE YARD WHICH INCLUDES THE DESIGNATED WASTE STORAGE AREA IS ACCESSIBLE BY MEANS OF ENTRY EITHER THROUGH THE WAREHOUSE OR ACROSS THE YARD. THIS AREA IS HARD-SURFACED AND REMAINS UNOBSTRUCTED AT ALL TIMES.

FIRE

PERSONNEL AT THE FACILITY HAVE BEEN PROVIDED INSTRUCTION BY THE LOCAL FIRE DEPARTMENT ON USE AND APPLICATION OF VARIOUS ON-SITE FIRE EXTINGUISHERS FOR FIREFIGHTING EFFORTS UNTIL APPROPRIATE OUTSIDE EMERGENCY TEAMS ARRIVE. THE EFFORTS OF FACILITY PERSONNEL SHALL CENTER ON EXTINGUISHING THE FIRE AND PREVENTING ITS SPREAD.

THE COORDINATOR SHALL ASSURE THAT, IF APPROPRIATE, THE EVACUATION SIGNAL IS GIVEN, AT WHICH TIME ALL PERSONNEL WHO ARE NOT DIRECTLY INVOLVED IN THE INCIDENT CONTROL EFFORTS, ARE TO PROCEED TO THE DESIGNATED CONGREGATION POINT WHICH IS INDICATED ON THE SITE DIAGRAM INCLUDED IN THE CONTINGENCY PLAN. ALL ACTIVITIES SHALL BE CEASED WITHIN THE FACILITY AND EQUIPMENT REMOVED FROM THE BUILDING PROXIMITY AS TIME ALLOWS. POWER SOURCES MUST BE SHUT DOWN. TRAFFIC FLOW AND OUTSIDE OBSERVERS MUST BE CONTROLLED AND THE AREA ISOLATED TO ALLEVIATE POTENTIAL ADDITIONAL IGNITION SOURCES. SHOULD THE MATERIALS WHICH MAY BE AFFECTED BY THE EMERGENCY BE OF SUCH A NATURE AS TO POSE A THREAT OF VIOLENT CONFLAGRATION, EXPLOSION, OR FUME RELEASE, THE COORDINATOR SHALL ADVISE EMERGENCY PERSONNEL AND RENDER ANY ASSISTANCE DEEMED NECESSARY TO IMPLEMENT EVACUATION OF THE SURROUNDING AREA WITHIN 1/4 MILE. ALL EMPLOYEES TRAINED AND PARTAKE IN DRILLS ON EVACUATION PROCEDURES ARE AND INSTRUCTED NOT TO LEAVE THE DESIGNATED

XIII. HAZARDOUS WASTE CONT'D.

CONGREGATION POINT UNLESS SO DIRECTED BY THE PARTY RESPONSIBLE FOR ACCOUNTING FOR ALL EMPLOYEES.

THE EMERGENCY COORDINATOR SHALL MAKE THE JUDGMENT AS TO ALLOW RETURN TO THE BUILDING, OR TO RELEASE PERSONNEL TO LEAVE THE SITE ONCE THE EMERGENCY SITUATION HAS BEEN BROUGHT UNDER CONTROL.

SPILLS

SPILLS OR MATERIAL RELEASES UPON DISCOVERY MUST BE REPORTED TO THE EMERGENCY COORDINATOR OR AN ALTERNATE. IMMEDIATE RESPONSE IS REQUIRED TO MINIMIZE THE IMPACT OF THE RELEASE. THE COORDINATOR MUST ASSESS THE PROPER ACTIONS AND PRECAUTIONS TO BE TAKEN TO PROTECT HUMAN HEALTH AND THE ENVIRONMENT. HE MUST ALSO INITIATE APPROPRIATE ACTIVITY TO IDENTIFY, CONTAIN, COLLECT, AND PROPERLY DISPOSE OF THE MATERIAL.

BECAUSE THIS FACILITY DEALS WITH ONLY CONTAINERIZED MATERIALS IN WASTE FORM, THE AMOUNT OF MATERIAL WHICH HAS POTENTIAL FOR RELEASE FROM ONE CONTAINER IS RELATIVELY SMALL. HOWEVER, PROMPT AND SAFE PROCEDURES MUST BE FOLLOWED BY ALL WITH SUCH A SITUATION, IN AN APPROPRIATE MANNER.

THE COORDINATOR MUST MAKE CONTINUAL ASSESSMENTS AS TO THE POTENTIAL IMPACTS OF THE RELEASE PERTAINING TO FIRE HAZARDS, FUME ESCAPES WHICH MAY NECESSITATE EVACUATION OF THE FACILITY AND/OR NEIGHBORS, INITIATING CLEANUP (AND ASSURING OF THE PROPER UTILIZATION OF SAFETY EQUIPMENT TO UNDERTAKEN THIS ACTIVITY), DETERMINATION OF NECESSITY FOR CALLING IN OF OUTSIDE EMERGENCY AGENCY ASSISTANCE, AND INITIATING THE REQUIRED REPORTING AND DOCUMENTATION OF INCIDENTS (I.E., MATERIAL DESIGNATED BY RQ QUANTITIES AS LISTED UNDER SUPERFUND, SOLID WASTE DISPOSAL ACT, CLEAN AIR ACT, CLEAN WATER ACT, OR TSCA, OR WHICH COULD BE CLASSIFIED AS HAZARDOUS UNDER RCRA).

XIII. HAZARDOUS WASTE CONT'D.

THE SECONDARY CONTAINMENT AREA WILL HOLD MATERIALS ~~RELEASED FROM~~ DRUMS DURING STORAGE, IN SUCH CASES, THE COORDINATOR IS TO BE NOTIFIED AND WILL INITIATE THE APPROPRIATE CLEANUP MEASURES. LIQUID MATERIAL WILL BE REMOVED BY MEANS OF A PORTABLE PUMP, AND PLACED INTO AN APPROPRIATE SPECIFICATION DRUM FOR THE MATERIAL. SHOULD SOIL CONTAMINATION BE EVIDENT, A LAYER OF SOIL SHALL BE REMOVED TO AN ADEQUATE DEPTH TO ASSURE THAT ALL CONTAMINATION IS REMOVED. THE CONTAMINATED SOIL SHALL BE PLACED INTO OPEN-TOP DRUMS AND SEALED FOR DISPOSITION. ALL ACCUMULATED LIQUIDS AND COLLECTED CLEANUP MATERIALS SHALL BE LABELLED AND MARKED AS APPROPRIATE FOR THE MATERIAL. SAMPLES OF RESULTING MATERIALS RELEASED SHALL BE TAKEN IF FOR SOME REASON THERE SHOULD BE ANY QUESTIONS AS TO COMPOSITION OR HAZARD DUE TO MULTIPLE CONTAINER RELEASES, WATER EXTINGUISHING MATERIAL DILUTION, ETC. APPROPRIATE SAFETY EQUIPMENT USAGE SHALL BE ENFORCED DURING ALL OF THESE PROCEDURES. PROPER DOCUMENTATION OF THE INCIDENT IN THE FACILITY RECORDS SHALL BE INITIATED, AND REPORTING OF THE INCIDENT TO FEDERAL, STATE, LOCAL, AND COMPANY PERSONNEL SHALL BE UNDERTAKEN AS APPROPRIATE. IN THE EVENT THAT THE CONTINGENCY PLAN MUST BE IMPLEMENTED AND THE INCIDENT IS REPORTABLE AS DEFINED BY 40 CFR 264.56(J), A WRITTEN REPORT SHALL BE FILED WITH APPROPRIATE FEDERAL, STATE, AND LOCAL AUTHORITIES.

IN ADDITION TO ANY REPORTS REQUIRED BY GOVERNMENT AGENCIES, INCIDENTS WILL BE REPORTED WITH 48 HOURS TO THE REGIONAL OPERATIONS DEPARTMENT LOCATED IN MONTVALE, NEW JERSEY ((201) 573-9480).

COLLECTED MATERIALS FROM A RELEASE SITUATION SHALL BE TYPICALLY DISPOSED OF THROUGH MCKESSON ENVIROSYSTEMS.* IN THE EVENT THAT THEY WERE UNABLE TO DEAL WITH THE MATERIALS BASED ON PERMITS AND/OR TECHNOLOGY, AN OUTSIDE DISPOSAL FIRM WOULD BE CONTRACTED WITH TO MAKE DISPOSITION OF THE MATERIAL.

* or another permitted facility

XIII. HAZARDOUS WASTES CONT'D.

IN ANY EVENT, THE COORDINATOR SHALL BE RESPONSIBLE TO ASSURE THAT THE PARTY MAKING DISPOSITION OF THE MATERIAL IS PROPERLY PERMITTED AND HAS THE RESOURCES TO DEAL WITH THE RESIDUALS IN A PROPER FASHION.

IF FOR SOME REASON RELEASED MATERIAL WERE TO ESCAPE THE SECONDARY CONTAINMENT AREA, THE COORDINATOR SHALL INITIATE RESPONSE TO PERSONNEL TO CONTAIN THE MATERIALS BY MEANS OF AN INERT MATERIAL SUCH AS SANDBAGS, HAZORB ABSORBENT, OR STANDARD INDUSTRIAL ABSORBENTS. THE SAME PROCEDURES, EFFORTS, CLEANUP, SAFETY CONSIDERATIONS, ASSESSMENTS, AND DOCUMENTATION/REPORTING REQUIREMENTS SHALL BE FOLLOWED AS WAS OUTLINED IN THE EVENT OF AN OCCURRENCE WITHIN THE SECONDARY CONTAINMENT AREA.

ALL EQUIPMENT USED IN CLEANUP WHICH MAY BECOME CONTAMINATED DURING ACTIVITIES SHALL BE DECONTAMINATED USING MATERIALS APPROPRIATE TO CAUSE REMOVAL OF THE CONTAMINANT. THE RESULTING MATERIAL FROM THIS DECONTAMINATION PROCESS SHALL BE PLACED WITHIN THE RESIDUAL CLEANUP CONTAINERS FOR DISPOSAL, UNLESS IT IS DEEMED INCOMPATIBLE WITH MATERIALS ALREADY CONTAINED IN SUCH VESSEL.

DURING ANY EMERGENCY SITUATION, THE EMERGENCY COORDINATOR MUST TAKE ALL REASONABLE MEASURES NECESSARY TO ENSURE THAT FIRES, EXPLOSIONS, AND RELEASES, DO NOT OCCUR, RECUR, OR SPREAD TO OTHER UNAFFECTED AREAS OF THE FACILITY. THESE MEASURES INCLUDE, WHERE APPLICABLE, STOPPING PROCESSES AND OPERATIONS, COLLECTING AND CONTAINING RELEASED WASTE, AND REMOVAL AND/OR ISOLATING CONTAINERS.

IMMEDIATELY AFTER AN EMERGENCY, THE COORDINATOR MUST PROVIDE FOR TREATING, STORING, OR DISPOSING OF RECOVERED WASTE, CONTAMINATED SOIL OR SURFACE WATER, OR ANY OTHER MATERIAL THAT RESULTS FROM A RELEASE, FIRE, OR EXPLOSION AT THE FACILITY. ASSURANCES MUST BE MADE THAT ALL OF THESE

XIII. HAZARDOUS WASTES CONT'D.

ENDEAVORS ARE UNDERTAKEN IN THE APPROPRIATE MANNER AS GOVERNED BY FEDERAL, STATE, AND LOCAL LAWS. RESIDUAL MATERIAL FROM CLEANUP OPERATIONS SHALL BE PROPERLY STORED, MARKED, LABELLED, AND HANDLED AS TO PREVENT ANY FURTHER INCIDENT.

THE EMERGENCY COORDINATOR OR AN ALTERNATE MUST ENSURE IN AN EMERGENCY SITUATION THAT IN THE AFFECTED AREA OF THE FACILITY, NO WASTE WHICH MIGHT BE OF AN INCOMPATIBLE NATURE WITH THE RELEASED MATERIAL IS STORED UNTIL CLEANUP PROCEDURES ARE COMPLETED.

ALL EMERGENCY EQUIPMENT LISTED IN THE CONTINGENCY PLAN WHICH IS PRESENT AT THE FACILITY AND MAY HAVE BEEN UTILIZED DURING THE EMERGENCY SITUATION MUST BE CLEANED, RECHARGED, INSPECTED, REPLACED, AND FIT FOR USE BEFORE RESUMING NORMAL OPERATIONS.

THIS DSW, Inc. FACILITY HAS AN ASSORTMENT OF EMERGENCY EQUIPMENT PRESENT FOR USE IN DIFFERENT SITUATIONS. ON-SITE EMERGENCY EQUIPMENT IS KEPT IN VARIOUS DESIGNATED LOCATIONS WITHIN THE WAREHOUSE, AS WELL AS DRIVER KITS ON EACH TRUCK WHICH CONTAIN SPECIFIC ITEMS WHICH MAY BE UTILIZED IN POTENTIAL EMERGENCY SITUATIONS WHILE ON THE ROAD. A LISTING OF EQUIPMENT AVAILABLE AT THE FACILITY IS INCLUDED IN THIS PLAN.

REVISED
SEPT. 22, 1986

Wastes Anticipated To Be Handled in Drums At Facility

DSW, Inc.

Chemical	Hazard	Basis For Hazard Designation
Tetrachloroethylene	Toxic	Listed waste F001, F002
Trichloroethylene	Toxic	Listed waste F001, F002
Methylene Chloride	Toxic	Listed waste F001, F002
1,1,1 Trichloroethane	Toxic	Listed waste F001, F002
Carbon Tetrachloride	Toxic	Listed waste F001
Chlorinated Fluorocarbons	Toxic	Listed waste F001, F002
Xylene	Ignitable	Listed waste F003
Acetone	Ignitable	Listed waste F003
Ethyl Acetate	Ignitable	Listed waste F003
Ethyl Ether	Ignitable	Listed waste F003
Methyl Isobutyl Ketone	Ignitable	Listed waste F003
n-Butyl Alcohol	Ignitable	Listed waste F003
Cyclohexanone	Ignitable	Listed waste F003
Methanol	Ignitable	Listed waste F003
Toluene	Toxic, Ignitable	Listed waste F005
Methyl Ethyl Ketone	Toxic, Ignitable	Listed waste F005
Isobutanol	Toxic, Ignitable	Listed waste F005

The above will also be expected in the form of blends with each other, still in drums.

REVISED
SEPT. 22, 1986

XIV. EMERGENCY PRESS RELATIONS

THE FOLLOWING IS A SYNOPSIS OF THE EMERGENCY PRESS RELATION POLICY FROM THE HOME OFFICE OPERATIONS MANUAL (REF: 10.21). IT IS INCLUDED ONLY AS A QUICK REFERENCE IN CASE OF AN EMERGENCY WHEN YOU MUST DEAL WITH THE PRESS AND THE HOME OFFICE OPERATIONS MANUAL IS NOT AVAILABLE.

1. IF THE EMERGENCY INVOLVES LOCAL FIRE, POLICE, OR HOSPITAL AUTHORITIES AND IS LIKELY TO BE REPORTED IN THE PRESS, IT IS USUALLY TO THE ADVANTAGE OF THE COMPANY TO GIVE THE PRESS A BRIEF STATEMENT OF THE FACT WITHOUT WAITING TO BE ASKED IN ORDER TO PREVENT RUMOR AND DISTORTION OF THE FACTS.
2. SPOKESMEN ARE CAUTIONED NOT TO SPECULATE OR GIVE OPINIONS ON CAUSE, COST, OR OTHER INFORMATION RELATING TO THE EMERGENCY.
3. IN TIME OF DISASTER, REPORTERS AND PHOTOGRAPHERS DESIRING ADMITTANCE TO A COMPANY FACILITY SHOULD BE ESCORTED TO AN ADMINISTRATIVE AREA AND PROVIDED WITH A PLACE TO WORK AND MAKE PHONE CALLS.
4. ALLOW NEWS AND TV PHOTOGRAPHERS TO TAKE PICTURES UNLESS IT VIOLATES SECURITY.
5. IF REPORTERS CANNOT GET FACTS FROM A DSW, Inc. REPRESENTATIVE, THEY CAN GET AT LEAST SOME OF THEM READILY (BUT NOT SECOND HAND) FROM THE POLICE, THE CORONER, HOSPITALS, AND THE FIRE DEPARTMENT - AGENCIES THEY CONTACT CONSTANTLY. IF REPORTERS HAVE TO TRY TO PRY "FACTS" FROM SOME BYSTANDER WHO MORE THAN LIKELY DOES NOT KNOW THE FACTS (BUT IS USUALLY DELIGHTED TO TALK ANYWAY), THE STORY COULD BE HIGHLY COLORED AND INACCURATE.
6. THE WRONG ANSWER, OR A TOO-HASTY, CURT, EVASIVE, OR OFF-THE-CUFF ANSWER, COULD DO HARM TO THE COMPANY AND ITS GOOD REPUTATION WITH THE PUBLIC.
7. NO ANSWER AT ALL, OR A BLUNT "NO COMMENT" IS OFTEN THE WORST POSSIBLE RESPONSE. THERE IS A GENERAL IMPRESSION THAT BEHIND THE STATEMENT "NO COMMENT" HIDE THE GUILTY, THE FRIGHTENED, OR THE INTIMIDATED.

XIV. EMERGENCY PRESS RELATIONS CONT'D.

8. EXPERIENCED REPORTERS KNOW THAT OCCASIONALLY THERE ARE DEVELOPMENTS WHICH MUST BE KEPT CONFIDENTIAL FOR A TIME. IF THAT IS THE SITUATION, EXPLAIN FULLY AND CLEARLY THE REASON WHY THE ANSWER CANNOT BE GIVEN, AND ASSURE REPORTERS THAT THEY WILL BE INFORMED AS SOON AS INFORMATION IS AVAILABLE.

9. IF REPORTERS WANT TO QUOTE YOU BY NAME, THERE IS USUALLY NO REASON WHY THEY SHOULD NOT DO SO.

McKesson Chemical Company
Foremost-McKesson
Chemical Group
Eastern Region
136 Summit Avenue
Montvale, NJ 07645
201 573 9480

McKESSON CHEMICAL

October 20, 1981

U.S. EPA Region V
RCRA Activities
P. O. Box A 3587
Chicago, Illinois 60690

OHD071107791
Reference: ~~OHD039991690~~

Gentlemen:

In November, 1980, we registered the above facility with your office as a generator and transporter of hazardous waste, and, in a separate letter the same month, as a treater and storer because of activity related to the neutralization and discharge of dilute waste water. Subsequently, in March, 1981, we modified the preceding to allow for temporary storage of spent solvents as classified under F001.

We now wish to modify further the capability for spent solvent storage at this facility, and to correct the identification of our landlord (Section VIII, page 4 of 5). Unfortunately, as noted in his enclosed letter, he chooses not to sign.

If any questions arise, please contact me at the Montvale, New Jersey office.

Thank you.

Sincerely,

McKESSON CHEMICAL COMPANY

D. M. Black
Regional Operations/Safety Manager

DMB:jh

cc: R. A. Girman - Cleveland Branch Manager

BCC: M. A. Minor
L. R. Vilotti

FOREMOST McKESSON

Bankers Trust Company
280 Park Avenue, New York, New York 10015

Henry A. Zarzicki
Assistant Vice President
Fiduciary Real Estate Service Section
Telephone: 212-850-2392

Mailing Address:
P.O. Box 1980, Church Street Station
New York, New York 10008

October 13, 1981

RE: PEN 551-26601 Richmond Rd.,
Bedford Heights, Ohio
PEN 552-1795 E. Moler Rd.,
Columbus, Ohio
PEN 553-North Railroad St.,
Hummelstown, Pa.

Mr. D. M. Black
Regional Operations/Safety Manager
McKesson Chemical Company
136 Summit Avenue
Montvale, New Jersey 07645

Dear Mr. Black:

In connection with the EPA application submitted with your letter of August 4th, we have determined that it is not our position to execute these forms since we are not a party to the business being conducted at these locations. This being the case, we are enclosing the original applications as per your request.

In accordance with the terms of the leases, please provide us with complete signed copies of the insurance policies with details on the extent of coverages.

Very truly yours,

Enclosures

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

F O H D 0 7 1 1 0 7 7 9 1

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: M C K E S S O N C H E M I C A L C O M P A N Y

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 G I R M A N R O B E R T A M A N A G E R	2 1 6 | 2 9 2 | 7 5 0 0

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3 2 6 6 0 1 R I C H M O N D R O A D	4 B E D F O R D H E I G H T S	O H	4 4 1 4 6

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
5 2 6 6 0 1 R I C H M O N D R O A D	C U Y A H O G A	6 B E D F O R D H E I G H T S	O H	4 4 1 4 6	

EPA Form 3510-1 (6-80)

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
7 5161 (specify) Distributor	7 (specify)
C. THIRD	**D. FOURTH**
7 (specify)	7 (specify)

VIII. OPERATOR INFORMATION

A. NAME

8 FOREMOST - MCKESSON CHEMICAL COMPANY

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)

F = FEDERAL; S = STATE; P = PRIVATE; M = PUBLIC (other than federal or state); O = OTHER (specify)

P (specify)

D. PHONE (area code & no.)

A 415 983 8300

E. STREET OR P.O. BOX

ONE POST STREET

F. CITY OR TOWN

B SAN FRANCISCO

G. STATE CA

H. ZIP CODE 94104

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N	9 P
B. UIC (Underground Injection of Fluids)	**E. OTHER (specify)**
9 U	9 (specify)
C. RCRA (Hazardous Wastes)	**E. OTHER (specify)**
9 R	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

We are primarily a nationwide distributor of chemicals at this branch. Some of the materials are subdivided into smaller size containers before being distributed to a customer by our branch

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
M.A. Minor Regional Vice President	M.A. Minor	9/9/81

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

F OHD071107791

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

☐ 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

☐ 2. NEW FACILITY *(Complete item below.)*

8 | YR. 63 | MO. 03 | DAY 01 — FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

YR. | MO. | DAY — FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

XXX 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. **PROCESS CODE** — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. **PROCESS DESIGN CAPACITY** — For each code entered in column A enter the capacity of the process.
1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. 1. AMOUNT (specify)	B. 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G	
X-2	T03	20	E	
1	S01	6600G in 55 gal. drums	G	
2				
3				
4				
5				
6				
7				
8				
9				
10				

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. **PROCESSES**

1. PROCESS CODES:
   For listed hazardous waste: For each listed hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)													T/A	C	FOR OFFICIAL USE ONLY												T/A	C	
W	0	H	D	0	7	1	1	0	7	7	9	1		1	W	D	U	P									2	DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F001	635,000	P	S01	
2	F002	80,000	P	S01	
3	F003	120,000	P	S01	
4	F004	150,000	P	S01	
5	F005	50,000	P	S01	
6					
7					
8					
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26					

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. *(enter from page 1)*

F	0	H	D	0	7	1	1	0	7	7	9	1	T/A	6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground–level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
41 24 45	81 29 01

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E Bankers Trust Company	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F Church Street Station P. O. Box 1980	G New York	NY	10008

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
M. A. Minor Regional Vice Presiden	M. A. Minor	9/9/81

One Post Street
San Francisco, CA 94104
415 983 8300

To Whom It May Concern:

McKesson Chemical Company, which is an operating division of Foremost McKesson, Inc., is a distributor of various chemical products for various suppliers of chemicals. It operates a large number of distribution facilities throughout the country, of which this is one. We stock an average of five-hundred (500) packaged chemical products at these locations. The products carried will vary from location to location and from time to time. It is anticipated that some or all of the products could at one time or another result in the generation of a hazardous waste and the amount generated could in one or more instances exceed the quantity limit for a small generator. Since ours is a distributing function it is impossible for us to be more specific at this time.

G. N. Butter
Technical Director
McKesson Chemical Company

GNB:ks
attachment (Form GSA No. 0246-EPA-OT)

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

FOR OFFICIAL USE ONLY

COMMENTS

C

INSTALLATION'S EPA I.D. NUMBER	APPROVED	DATE RECEIVED (yr., mo., & day)
F T/A C 1		

I. NAME OF INSTALLATION

McKesson Chemical Company

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 26601 Richmond Road

CITY OR TOWN	ST.	ZIP CODE
4 Bedford Heights	OH	44146

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 26601 Richmond Road

CITY OR TOWN	ST.	ZIP CODE
6 Bedford Heights	OH	44146

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)	PHONE NO. (area code & no.)
2 Cirman Robert A Manager	216 292 7500

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 Foremost McKesson Inc.

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

[X] A. GENERATION
[ ] B. TRANSPORTATION *(complete item VII)*
[X] C. TREAT/~~STORE~~/DISPOSE
[ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

[ ] A. AIR [ ] B. RAIL [ ] C. HIGHWAY [ ] D. WATER [ ] E. OTHER *(specify)*:

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

[X] A. FIRST NOTIFICATION
[ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

... the reverse of this form and provide the requested information.

I.D. – FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary. See attachment.

31 U002	32 U226	33 U122	34 U228	35 U154	36 U159
37 U210	38 U220	39 U239	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☒ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
G. N. Butter	G. N. Butter, Technical Director McKesson Chemical Company	8-14-80

McKesson Chemical Company
Foremost-McKesson
Chemical Group
Eastern Region
136 Summit Avenue
Montvale, NJ 07645
201 573 9480

May 13, 1981

U.S. EPA Region V
Sites Notification
P. O. Box 7861
Chicago, IL 60604

Gentlemen:

RE EPA Number#OHD071107791

Attached is a copy of EPA Form 8900-1 submitted in behalf of our branch at Cleveland, OH, which is currently transporting a listed hazardous waste to a reclaiming facility as identified.

Please note that Items D and E are completed only in items of our branch's specific activity, since we have no knowledge of the reclaimer's overall business; similarly, Items F and G call for information we have no way of obtaining.

If any questions arise, please contact me at the above address or at (201) 573-9480.

Sincerely,

McKESSON CHEMICAL COMPANY

D. M. Black
Regional Operations/Safety Manager

DMB:jh
ATTACHMENT

cc: R. A. Girman
BCC: M. A. Minor
L. Vilotti
B. L. Wilcox, Jr.

EPA Notification of Hazardous Waste Site

United States Environmental Protection Agency
Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

A Person Required to Notify:

Enter the name and address of the person or organization required to notify.

Name: R. A. Girman - MCKESSON CHEMICAL COMPANY
Street: 26601 Richmond Road
City: Bedford Heights State: OH Zip Code: 44146

B Site Location:

Enter the common name (if known) and actual location of the site.

Name of Site: Chemtron Corporation
Street: 35850 Schneider Court
City: Avon County: Lorain State: OH Zip Code: 44011

C Person to Contact:

Enter the name, title (if applicable), and business telephone number of the person to contact regarding information submitted on this form.

Name (Last, First and Title): D. M. Black-Regional Operations/Safety Mgr.
Phone: (201) 573-9480 Ext 15

D Dates of Waste Handling:

Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site.

From (Year): 1981 To (Year): present

E Waste Type: Choose the option you prefer to complete

Option 1: Select general waste types and source categories. If you do not know the general waste types or sources, you are encouraged to describe the site in Item I—Description of Site.

General Type of Waste:
Place an X in the appropriate boxes. The categories listed overlap. Check each applicable category.

1. ☐ Organics
2. ☐ Inorganics
3. ☐ Solvents
4. ☐ Pesticides
5. ☐ Heavy metals
6. ☐ Acids
7. ☐ Bases
8. ☐ PCBs
9. ☐ Mixed Municipal Waste
10. ☐ Unknown
11. ☐ Other (Specify)

_____
_____
_____

Source of Waste:
Place an X in the appropriate boxes.

1. ☐ Mining
2. ☐ Construction
3. ☐ Textiles
4. ☐ Fertilizer
5. ☐ Paper/Printing
6. ☐ Leather Tanning
7. ☐ Iron/Steel Foundry
8. ☐ Chemical, General
9. ☐ Plating/Polishing
10. ☐ Military/Ammunition
11. ☐ Electrical Conductors
12. ☐ Transformers
13. ☐ Utility Companies
14. ☐ Sanitary/Refuse
15. ☐ Photofinish
16. ☐ Lab/Hospital
17. ☐ Unknown
18. ☐ Other (Specify)

_____
_____
_____

Option 2: This option is available to persons familiar with the Resource Conservation and Recovery Act (RCRA) Section 3001 regulations (40 CFR Part 261).

Specific Type of Waste:
EPA has assigned a four-digit number to each hazardous waste listed in the regulations under Section 3001 of RCRA. Enter the appropriate four-digit number in the boxes provided. A copy of the list of hazardous wastes and codes can be obtained by contacting the EPA Region serving the State in which the site is located.

F002		

Form Approved
OMB No. 2000-0138

EPA Form 8900-1

F Waste Quantity:

Place an X in the appropriate boxes to indicate the facility types found at the site.

In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site using cubic feet or gallons.

In the "total facility area" space, give the estimated area size which the facilities occupy using square feet or acres.

Facility Type

1. ☐ Piles
2. ☐ Land Treatment
3. ☐ Landfill
4. ☐ Tanks
5. ☐ Impoundment
6. ☐ Underground Injection
7. ☐ Drums, Above Ground
8. ☐ Drums, Below Ground
9. ☐ Other (Specify) _____

Total Facility Waste Amount

cubic feet _____

gallons _____

Total Facility Area

square feet _____

acres _____

G Known, Suspected or Likely Releases to the Environment:

Place an X in the appropriate boxes to indicate any known, suspected, or likely releases of wastes to the environment.

☐ Known ☐ Suspected ☐ Likely ☐ None

Note: Items H and I are optional. Completing these items will assist EPA and State and local governments in locating and assessing hazardous waste sites. Although completing the items is not required, you are encouraged to do so.

H Sketch Map of Site Location: (Optional)

Sketch a map showing streets, highways, routes or other prominent landmarks near the site. Place an X on the map to indicate the site location. Draw an arrow showing the direction north. You may substitute a publishing map showing the site location.

I Description of Site: (Optional)

Describe the history and present conditions of the site. Give directions to the site and describe any nearby wells, springs, lakes, or housing. Include such information as how waste was disposed and where the waste came from. Provide any other information or comments which may help describe the site conditions.

J Signature and Title:

The person or authorized representative (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person required to notify. If you are not required to notify check "Other".

Name D. M. Black - MCKESSON CHEMICAL CO

Street 136 Summit Avenue

City Montvale State NJ Zip Code 07645

Signature D M Black Date 5/13/81

- ☐ Owner, Present
- ☐ Owner, Past
- ☐ Transporter
- ☐ Operator, Present
- ☐ Operator, Past
- ☒ Other

McKesson Chemical Company
Foremost-McKesson
Chemical Group
Eastern Region
136 Summit Avenue
Montvale, NJ 07645
201 573 9480

May 11, 1981

U.S. EPA Region V
230 South Dearborn Street
Chicago, Illinois 60604

Gentlemen:

RE: Closure Plan - Storage Facility
EPA ID Number - OHD071107791

The McKesson Chemical Company Branch located at Cleveland, Ohio, is registered as a storage facility. In fact, it is only a point at which the Company accumulates materials received from customers, which might otherwise be deemed hazardous waste, which are destined for transportation to a recycling facility.

This facility will continue to operate for as long as it is deemed economically viable by the Company and so long as its operation is otherwise permitted by applicable law.

All storage of regulated materials will be in approved, portable containers of a capacity of 55 gallons or less. When and if closure occurs, it will be accomplished by transporting all such stored material on hand to an approved recycling or other treatment or disposal facility.

It is presently contemplated that the maximum amount of such material on hand would be 40-80 drums.

It should be possible to complete closure within a maximum period of one week and based on current transportation costs for the estimated maximum amount of material that might be on hand at any one time, the total cost of closure should not exceed $300.00.

RE: Closure Plan - Storage Facility
EPA ID Number - OHD071107791

Since no processing or transfer of this material is contemplated, other than the clean-up of any spill or leak that might conceivably occur (and for which there are contingency plans), no costs for decontamination, monitoring or other such closure procedures should be incurred.

In view of the foregoing, no post closure care would be required for this facility and no post closure plan will be prepared.

The responsible person at this branch is R. A. Girman, Branch Manager.

Sincerely,

McKESSON CHEMICAL COMPANY

D. M. Black
Regional Operations/Safety Manager

DMB:jh

cc: R. A. Girman
BCC: L. Vilotti
M. A. Minor
B. L. Wilcox, Jr.

McKesson Chemical Company
Foremost-McKesson
Chemical Group
Eastern Region
136 Summit Avenue
Montvale, NJ 07645
201 573 9480

McKESSON CHEMICAL

March 10, 1981

USEPA Region V
230 South Dearborn Street
Chicago, Illinois 60604

Gentlemen:

Due to an inadvertent clerical error, our recent letter to you (copy attached) contained only a copy of the topographical map locating our Bedford Heights (Cleveland) OH facility, rather than the original.

The latter is enclosed with this letter, and we will appreciate you placing it in our Cleveland file.

Thank you.

Sincerely,

McKESSON CHEMICAL COMPANY

D. M. Black
Regional Operations/Safety Manager

DMB:jh

McKesson Chemical Company
Foremost-McKesson
Chemical Group
Eastern Region
136 Summit Avenue
Montvale, NJ 07645
201 573 9480

McKESSON CHEMICAL

March 8, 1981

USEPA Region V
230 South Dearborn Street
Chicago, Illinois 60604

Gentlemen:

On November 18 we filed with your office a modified Notification of Hazardous Waste Activity for our facility in Bedford Heights (Cleveland) OH, extending our original registration to include a storage facility. The second Notification acknowledged certain items of information were missing, and we now include these: facility drawing, photographs, geographical location.

We appreciate your acceptance of our delay, and continue to stand ready to meet your requirements.

Our responsible contact at the facility continues to be R. A. Girman.

Please change our telephone number under VIII-D to (415) 983-8300.

Sincerely,

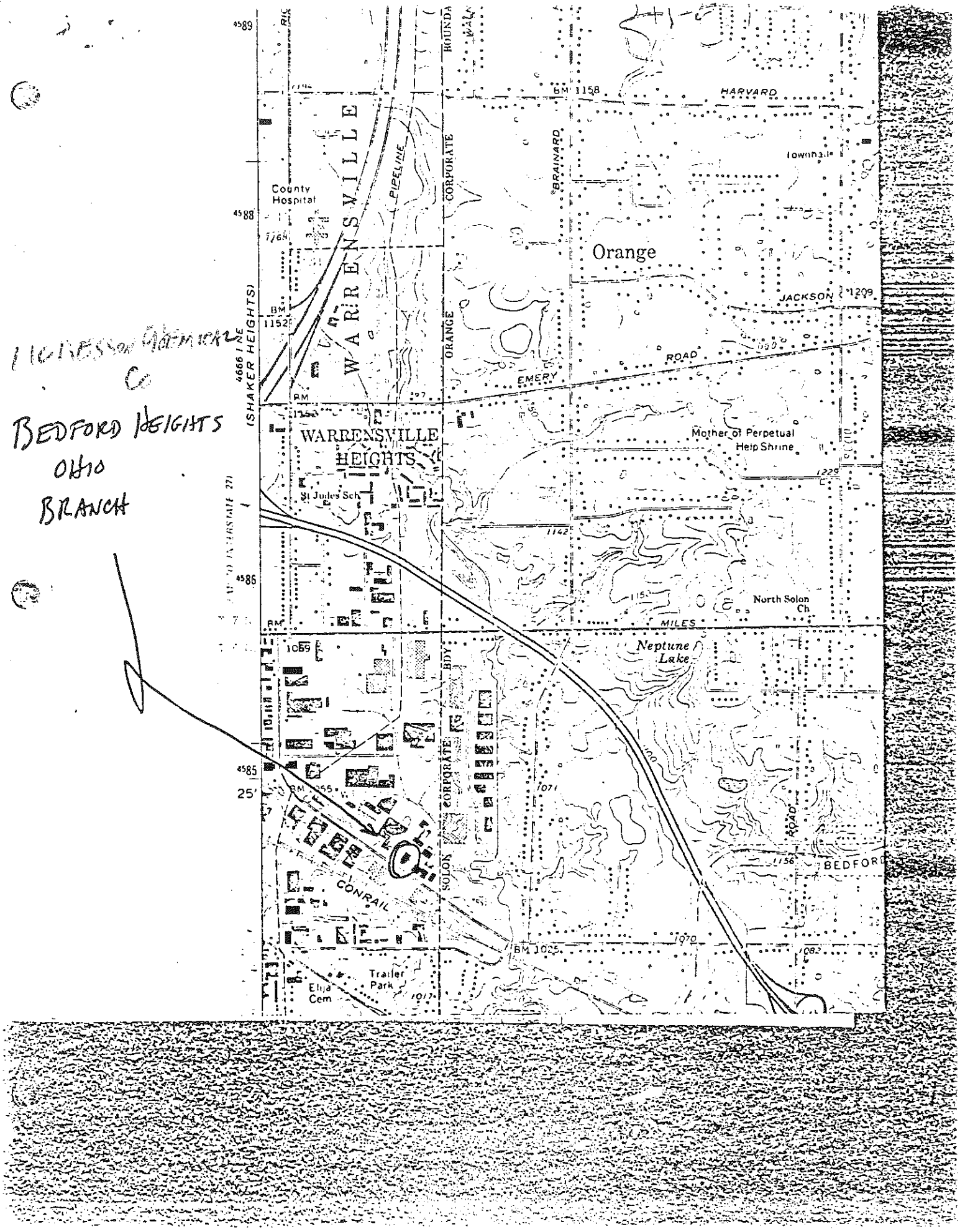
McKESSON CHEMICAL COMPANY

D. M. Black
Regional Operations/Safety Manager

DMB:jh

cc: J. P. Hobe
L. R. Vilotti

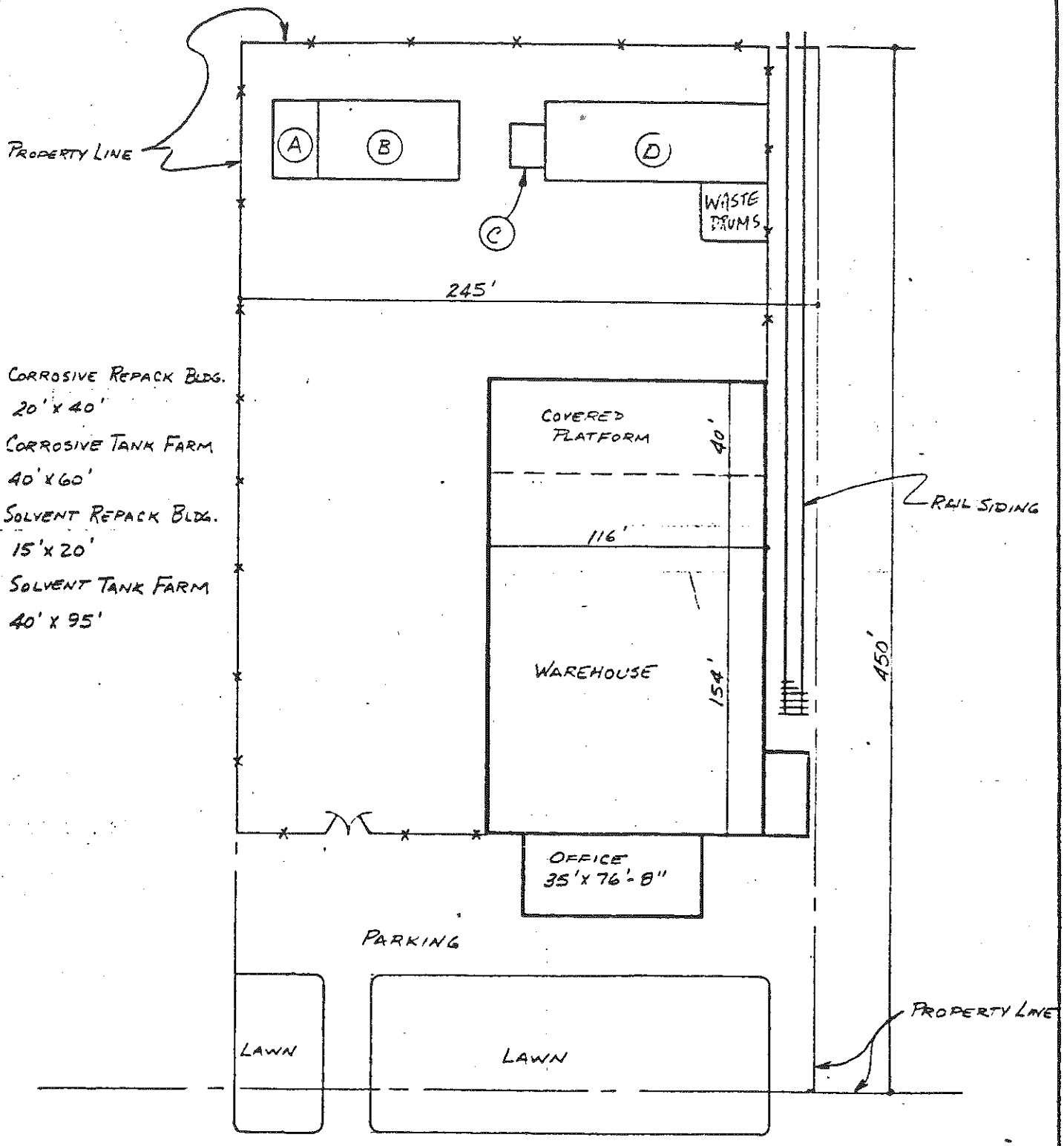
FOREMOST McKESSON



HICKSON CHEMICAL
Co
BEDFORD HEIGHTS
OHIO
BRANCH

Form Approved OMB No.

V. FACILITY DRAWING (see page 4)



A. CORROSIVE REPACK BLDG. 20' X 40'

B. CORROSIVE TANK FARM 40' X 60'

C. SOLVENT REPACK BLDG. 15' X 20'

D. SOLVENT TANK FARM 40' X 95'

SCALE 1" = 60'

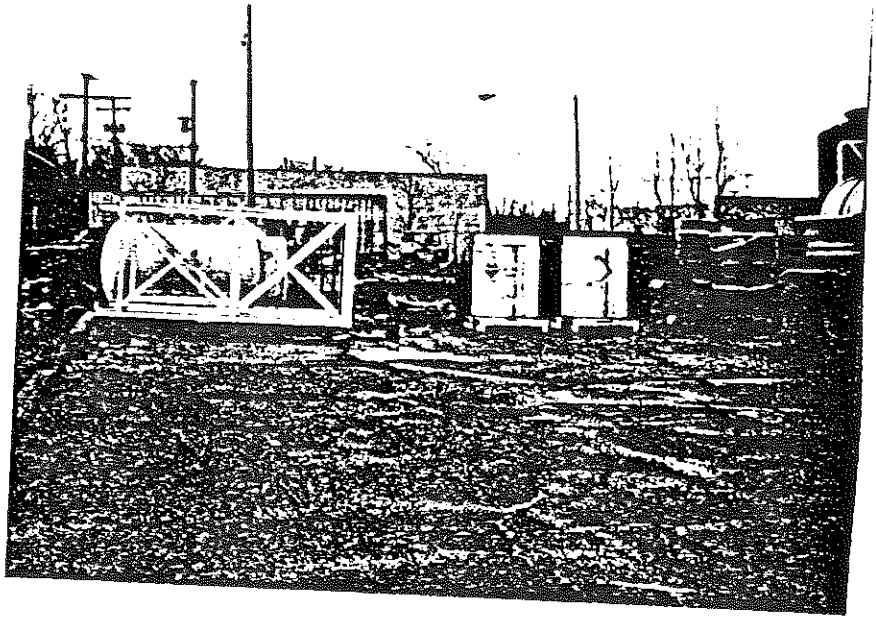
McKESSON CHEMICAL C.
26601 RICHMOND RD.
BEDFORD HGTS. OHIO 44146

Form Approved OMB No. 158-S80004

Continued from page 4.

McKESSON CHEMICAL COMPANY
Bedford Heights, OH

LOCATION OF STORAGE AREA
FOR DRUMS OF HAZARDOUS WASTE



Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F O H D 0 7 1 1 0 7 7 9 1

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, af it in the designated space. Review the infor ation carefully; if any of it is incorrect, cr through it and enter the correct data in appropriate fill—in area below. Also, if any the preprinted data is absent *(the area to left of the label space lists the informat that should appear)*, please provide it in proper fill—in area(s) below. If the label complete and correct, you need not compl Items I, III, V, and VI *(except VI-B wh must be completed regardless)*. Complete items if no label has been provided. Refer the instructions for detailed item desc tions and for the legal authorizations un which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: MCKESSON CHEMICAL COMPANY

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 GIRMAN ROBERT A MANAGER	216 292 7500

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX: 3 26601 RICHMOND ROAD

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 BEDFORD HEIGHTS	OH	44146

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER: 5 26601 RICHMOND ROAD

B. COUNTY NAME: CUIAHOGA

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
6 BEDFORD HEIGHTS	OH	44146	

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
5161 Distributor	

C. THIRD	D. FOURTH

VIII. OPERATOR INFORMATION

A. NAME: FOREMOST - MCKESSON CHEMICAL COMPANY

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL, M = PUBLIC (other than federal or state), S = STATE, O = OTHER (specify), P = PRIVATE: P

D. PHONE (area code & no.): A 415 983 8300

E. STREET OR P.O. BOX: ONE POST STREET

F. CITY OR TOWN: SAN FRANCISCO

G. STATE: CA

H. ZIP CODE: 94104

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N	9 P

B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
9 U	9 (specify)

C. RCRA (Hazardous Wastes)	E. OTHER (specify)
9 R	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

We are primarily a nationwide distributor of chemicals at this branch. Some of the materials are subdivided into smaller size containers before being distributed to a customer by our branch

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
M.A. Minor Regional Vice President	m.a. Minor	9/9/81

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER: F 0 H D 0 7 1 1 0 7 7 9 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

☐ 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

XXX 2. NEW FACILITY *(Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*: C 8 | YR. | MO. | DAY

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN: YR. 8 2 | MO. 0 4 | DAY 0 1

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C).*

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1		6600 G			7				
2		in 55 gal. drums	G		8				
3					9				
4					10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each listed hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*	D. PROCESSES 2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				*included with above*

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	T/A	C	FOR OFFICIAL USE ONLY		T/A	C	
W 0 H D 0 7 1 1 0 7 7 9 1		1	W	DUP		2	DUP

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F 0 0 1	635,000	P	S 0 1				
2	F 0 0 2	80,000	P	S 0 1				
3	F 0 0 3	120,000	P	S 0 1				
4	F 0 0 4	150,000	P	S 0 1				
5	F 0 0 5	50,000	P	S 0 1				
6								
7								
8								
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21								
22								
23								
24								
25								
26								

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. *(enter from page 1)*

F 0 H D 0 7 1 1 0 7 7 9 1 T/A 6

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground—level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
41 24 45	81 29 01

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E Bankers Trust Company, AS TRUSTEE	212-850-2392

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F Church Street Station P. O. Box 1980	G New York	NY	10008

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
HENRY A. ZARZICKI ASSISTANT VICE PRESIDENT	Henry A. Zarzicki	2-25-82

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
M. A. Minor Regional Vice President	M. A. Minor	

Foremost-McKesson, Inc.
One Post Street
San Francisco, CA 94104
415 983 8300

November 20, 1980

EPA Region V
RCRA Activities
P O BOX 7861
Chicago, IL 60680

Re: McKesson Chemical Company's Listing for
RCRA OMB #158-S79016

Gentlemen:

On or prior to August 18, 1980, we filed with your office a Notification of Hazardous Waste Activity for our facilities at Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin Branches.

In that Notification, we advised that the facility would act as a transporter and or generator of hazardous waste.

We are primarily distributors of industrial chemicals for various chemical producers throughout the country. As an accommodation to our customers it is our intent to, from time to time, pick up several drums of material from our customer's facility that would fit the classification of a hazardous waste. We would transport this material to a recycler for recycling, not for disposal. Because of the distance this material must be transported, it would be necessary at times to store some of these drums on our facility for short periods to enable us to accumulate sufficient drums to make the transport economic.

We are informed that even though as a generator of hazardous waste we would be authorized to store our own waste for up to 90 days without requiring a permit, the storage of similar material belonging to our customers, in the course of transporting it to a recycler, would constitute our facility a hazardous waste management (storage) facility, for which a permit would be required.

Since we believe that what we propose would be a sound and responsible hazardous waste management activity, we would like to have the opportunity to do this. We are also advised that this requires an amendment of the Notification previously filed with you. We respectfully ask that this letter be accepted as an amendment to our Notification. We have prepared the permit application for the November 19th filing.

In addition, we have corrected the address number for our facility at Dolton, Illinois, and waste codes handled at our Rockford, Illinois Branch. Two facilities listed in the August filing; Decatur and Bartonville, Illinois, have been closed. Their operations have been transferred to the Normal, Illinois McKesson location.

We would ask acknowledgement of your acceptance of these amendments and changes. For your convenience, we enclose a copy of this letter on which your acknowledgement can be noted, and a stamped, self-addressed envelope with which it may be returned to us. Thank you for your very kind co-operation.

Respectfully,

G.N. Butter
Technical Director
McKesson Chemical Co.

GNB:lc

Enclosure

ACCEPTED:

Environmental Protection Agency
Region_____

By:_____

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprint label, affix it in the space at left. If any of t information on the label is incorrect, draw a li through it and supply the correct informatio in the appropriate section below. If the label complete and correct, leave Items I, II, and I below blank. If you did not receive a preprint label, complete all items. "Installation" means single site where hazardous waste is generate treated, stored and/or disposed of, or a tran porter's principal place of business. Please ref to the INSTRUCTIONS FOR FILING NOTIF CATION before completing this form. Th information requested herein is required by la *(Section 3010 of the Resource Conservation an Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER | APPROVED | DATE RECEIVED (yr., mo., & day)

F | T/A: 1

I. NAME OF INSTALLATION

McKesson Chemical Company

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 | 26601 Richmond Road

CITY OR TOWN | ST. | ZIP CODE

4 | Bedford Heights | OH | 44146

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 | 26601 Richmond Road

CITY OR TOWN | ST. | ZIP CODE

6 | Bedford Heights | OH | 44146

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title) | PHONE NO. (area code & no.)

7 | Girman Robert A Manager | 216-292-7500

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 | Foremost McKesson Inc.

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

- [X] A. GENERATION
- [X] B. TRANSPORTATION (complete item VII)
- [X] C. TREAT/STORE/~~Dispose~~
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only – enter "X" in the appropriate box(es))

- [ ] A. AIR
- [ ] B. RAIL
- [X] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [ ] A. FIRST NOTIFICATION
- [X] B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.: OHD071107791

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. · FOR OFFICIAL USE ONLY

W

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F001	F003	F005			
7	**8**	**9**	**10**	**11**	**12**

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	**20**	**21**	**22**	**23**	**24**
25	**26**	**27**	**28**	**29**	**30**

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary. See Attachment

31	32	33	34	35	36
U002	U226	U122	U228	U154	U159
37	**38**	**39**	**40**	**41**	**42**
U210	U220	U239			
43	**44**	**45**	**46**	**47**	**48**

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☒ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
G. N. Butter	G. N. Butter, Technical Director McKesson Chemical Company	11-10-80

EPA Form 8700-12 (6-80) REVERSE

Foremost-McKesson
Chemical Group

McKesson Chemical Company
Eastern Region
136 Summit Avenue
Montvale, NJ 07645
201 573 9480

John P. Hobe
Regional Vice President

November 18, 1980

EPA Region V
RCRA Activities
P. O. Box 7861
Chicago, IL 60680

Gentlemen:

On or prior to August 18, 1980, we filed with your office a Notification of Hazardous Waste Activity for our facility at Cleveland, OH.

In that Notification we advised the facility would act as a generator and transporter of hazardous waste.

We are primarily distributors of industrial chemicals for various chemical producers throughout the country. As an accomodation to our customers it is our intent to, from time to time, pick up a few drums of material from our customer's facility that would fit the classification of a recycler for recycling, not for disposal. Because of the distance this material must be transported, it would be necessary at times to store some of these drums on our facility for short periods to enable us to accumulate sufficient drums to make the transport economic.

We are informed that even though as a generator of hazardous waste we would be authorized to store our own waste for up to 90 days without requiring a permit, the storage of similar material belonging to our customers, in the course of transporting it to a recycler, would constitute our facility a hazardous waste management (storage) facility, for which a permit would be required.

Since we believe that what we propose would be a sound and responsible hazardous waste management activity, we would like to have the opportunity to do this. We are also advised that this requires an amendment of the Notification previously filed with you and the filing of a Part A permit application. We respectfully ask that this letter be accepted as an amendment to our Notification. We acknowledge certain items of information are missing (e.g. facility drawings, photographs, and geographic location), and will forward them as soon as they are obtained.

We would ask acknowledgement of your acceptance of this amendment. For your convenience, we enclose a copy of this letter on which your acknowledgement can be noted, and a stamped, self-addressed envelope with which it may be returned to us. Thank you for your very kind cooperation.

Respectfully,

McKESSON CHEMICAL COMPANY

J. P. Hobe
Regional Vice President

Enclosure

ACCEPTED:

Environmental Protection Agency
Region_____

By:_____

(fill—in areas are spaced for elite type, i.e., 12 characters/inch). Form Approved OMB No. 158-R0175

FORM 1 GENERAL — EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F OHD071077791

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affi it in the designated space. Review the inform ation carefully; if any of it is incorrect, cro through it and enter the correct data in th appropriate fill—in area below. Also, if any c the preprinted data is absent *(the area to th left of the label space lists the informatio that should appear)*, please provide it in th proper fill—in area(s) below. If the label complete and correct, you need not complet items I, III, V, and VI *(except VI-B whic must be completed regardless)*. Complete a items if no label has been provided. Refer t the instructions for detailed item descri tions and for the legal authorizations unde which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACH
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) (16 17 18)		✓		B. Does or will this facility *(either existing or proposed)* include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) (19 20 21)		✓	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) (22 23 24)		✓		D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D) (25 26 27)		✓	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) (28 29 30)	✓			F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) (31 32 33)		✓	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) (34 35 36)		✓		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) (37 38 39)		✓	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) (40 41 42)		✓		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) (43 44 45)		✓	

III. NAME OF FACILITY

1 SKIP: Mc K e s s o n C h e m i c a l C o m p a n y

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*		
2 G i r m a n R o b e r t , A M a n a g e r	2 1 6	2 9 2	7 5 0 0

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX

3 2 6 6 0 1 R i c h m o n d R o a d

B. CITY OR TOWN	C. STATE	D. ZIP CODE
4 B e d f o r d H e i g h t s	O H	4 4 1 4 6

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER

5 2 6 6 0 1 R i c h m o n d R o a d

B. COUNTY NAME

C u i a h o g a

C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE (if known)
6 B e d f o r d H e i g h t s	O H	4 4 1 4 6	

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
5161 (specify)	(specify)

C. THIRD	D. FOURTH
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: Foremost McKesson Chemical Company

B. Is the name listed in Item VIII-A also the owner? [X] YES [ ] NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL, S = STATE, P = PRIVATE, M = PUBLIC (other than federal or state), O = OTHER (specify)
P (specify)

D. PHONE (area code & no.): A 415 983 8300

E. STREET OR P.O. BOX: One Post Street

F. CITY OR TOWN: San Francisco

G. STATE: CA

H. ZIP CODE: 94104

IX. INDIAN LAND

Is the facility located on Indian lands? [ ] YES [X] NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)	D. PSD (Air Emissions from Proposed Sources)
9 N	9 P

B. UIC (Underground Injection of Fluids)	E. OTHER (specify)
9 U	9 (specify)

C. RCRA (Hazardous Wastes)	E. OTHER (specify)
9 R	9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

We are primarily a nation wide distributor of chemicals at this branch. Some of the materials are subdivided into smaller size containers before being distributed to a customer by our branch.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
J. P. Hobe Regional Vice-President		11-18-80

COMMENTS FOR OFFICIAL USE ONLY

C

(Fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER: F O H D 0 7 1 1 0 7 7 9 1

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

YR.	MO.	DAY
83	03	01

[ ] 2. NEW FACILITY *(Complete item below.)*

FOR NEW FACILITIES PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. **PROCESS CODE** – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. **PROCESS DESIGN CAPACITY** – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C: DUP T/A: C: 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G	
X-2	T03	20	E	
1	S01	550 / mo. in 55gal drums	G	
2	T01	200	U	
3				
4				
5				
6				
7				
8				
9				
10				

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each listed hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*	D. PROCESSES 2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				*included with above*

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1): W OHD071107791 T/A C 1

FOR OFFICIAL USE ONLY: W DUP 2 DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F001	43	T	S01				
2	~~F007~~	520000	G	T01				
3	D002	226	T					
4								
5								
6								
7								
8								
9								
10								
11								
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16								
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23								
24								
25								
26								

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

EPA I.D. NO. *(enter from page 1)*

F | T/A | C | 16

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail)*.

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground—level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail)*.

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*

VIII. FACILITY OWNER

X A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
E	

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F	G		

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
J. P. Hobe Regional Vice President		11-18-80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
J. P. Hobe Regional Vice President		11-18-80